

300 Cash

10130

232

STATE OF OREGON - HEALTH DEPARTMENT
Vital Statistics Section

1952

CERTIFICATE OF DEATH

Local File Number 10130

543 File Number 232

DECEASED

1. DECEASED-NAME First Middle Last
LEOPOLD JOSEPH SACHER

2. DATE OF DEATH (month, day, year)
July 8, 1975

3. RACE (White, Negro, American Indian, etc. (specify))
White

4. SEX
Male

5. AGE-Last birthday (years)
85

6. DATE OF BIRTH (month, day, year)
July 15, 1889

7a. Klamath

7b. Klamath Falls

7c. Yes

7d. Washburn Manor

8. STATE OF BIRTH (If not in U.S., name country)
Arkansas

9. CITIZEN OF WHAT COUNTRY
USA

10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify)
Married

11. NAME OF SPOUSE
Henrietta J. Sacher

12. SOCIAL SECURITY NUMBER
543-10-1519

13a. USUAL OCCUPATION (give kind of work done during most of working life, even if retired)
Scaler - retired

13b. KIND OF BUSINESS OR INDUSTRY
Weyerhaeuser Timber Co.

14a. Oregon

14b. Klamath

14c. Klamath Falls

14d. No

14e. 2507 Nile

15. FATHER-NAME first middle last
Anton -- Sacher

16. MOTHER-Maiden Name first middle last
Barbara -- Blakely

17. INFORMANT-NAME and relationship to deceased
Deane Sacher (Son)

PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), and (c))

18. Immediate cause
(a) Cerebrovascular Accident
(b) Aged Cerebrovascular Accident
(c)

19. Approximate interval between onset and death
+ born

PART II. OTHER SIGNIFICANT CONDITIONS: conditions contributing to death but not related to cause given in Part I (a)

20a. ACCIDENT (specify yes or no)
No

20b. DATE OF INJURY (month, day, year)
No

20c. HOUR
No

20d. HOW INJURY OCCURRED (enter nature of injury in part I or part II, item 18)
No

20e. INJURY AT WORK (specify yes or no)
No

20f. PLACE OF INJURY at home, farm, street, factory, office bldg., etc. (specify)
No

20g. LOCATION (street or R.F.D. No., city or town, county, state)
No

21. CERTIFICATION-Physician
I attended the deceased from: July 1 1964 to July 7 1975 May 10 1975

22a. PHYSICIAN-SIGNATURE
E.E. Howard, M.D.

22b. NAME (type or print)
E.E. Howard, M.D.

22c. DEGREE OR TITLE
M.D.

22d. DATE SIGNED (month, day, year)
7-8-75

23. MAILING ADDRESS-PHYSICIAN
2622 Campus Drive, Klamath Falls, Oregon 97601

24a. BURIAL, CREMATION, REMOVAL, MAUS, (specify)
Burial

24b. CEMETERY OR CREMATORY-NAME
Eternal Hills

24c. LOCATION city or town
Klamath Falls, Oregon

24d. DATE (mo., day, year)
July 11, 1975

25a. FUNERAL DIRECTOR-SIGNATURE
Ward's Klamath Funeral Home, Box 217, Klamath Falls, Ore. 97601

25b. FUNERAL HOME-NAME AND ADDRESS (street, city or town, state, zip)
Ward's Klamath Funeral Home, Box 217, Klamath Falls, Ore. 97601

26a. REGISTER-SIGNATURE
Marian J. Chuman

26b. DATE RECEIVED BY LOCAL REGISTRAR
JUL 9 1975

27. DATE RECEIVED BY STATE REGISTRAR

28. RESERVED FOR REGISTRAR'S USE

VS-2 R-69

STATE OF OREGON
County of Klamath

This certifies that the foregoing is a correct and complete transcript of a record of death on file with the Klamath County Department of Health.

VELDON C. BOGE, M.D., Registrar Vital Statistics
By: *Marian J. Chuman*, Deputy Registrar
Date: JUL 10 1975
VOLUME IF APPLICABLE

Return to:
Henrietta Sacher
2507 Nile
City

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 11th day of FEBRUARY A.D., 1976 at 2:04 P.M., and duly recorded in Vol. 1176 of DEEDS-- on Page 1952

FEE \$ 3.00

WM. D. MILNE, County Clerk
By: *Hazel Dragel*, Deputy