MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

8273

File No.

Registered No. 2666

1. PLACE OF DEATH

County

Township

City St Louis (No. 3922 Michigan St. Ward)

Registration District No. 791

Primary Registration District No. 1003

2. FULL NAME Ida E. Sartor

(a) Residence. No. 3922 Michigan St., 16 Ward.
(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Single

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF —

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 5 - 1866

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	4	20	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired Milliner
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) Germany

PARENTS

10. NAME OF FATHER Charles Sartor

11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER Katherine Barth

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Germany

14. INFORMANT Bertha Sartor
(Address) 3922 Michigan

15. FILED FEB 26 1931 Dear C Stacker
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 25 1931

17.
I HEREBY CERTIFY, That I attended deceased from Feb 10 1931 to Feb 25 1931 that I last saw h. alive on Feb 24 1931, and that death occurred, on the date stated above, at 3 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinomatosis of Pelvic Organs (General)
48
53 F
(duration) 1 yrs. 5 mos. ds.

CONTRIBUTORY (SECONDARY) Carcinoma of Uterus
(duration) 1 yrs. 5 mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Consultation & Laboratory
(Signed) Paul R Kongelman M.D
Feb 26 1931 (Address) 3507 Potomac St

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL New St Paul's Church yard — DATE OF BURIAL Feb 28 1931

20. UNDERTAKER Hasler Heldebla — ADDRESS 2331 S Broadway

*N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.