

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

Do not use this space.

16168

File No. _____
Registered No. **4645**
St. _____ Ward _____

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City *St Louis* (No. *7422*) *Virginia*

2. FULL NAME

(a) Residence. No. _____ St. **1** 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 <i>Female</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <i>Widowed</i>
15A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Joseph Sartori</i>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <i>Aug 28 1840</i>		
7. AGE	YEARS	MONTHS
	<i>90</i>	<i>7</i>
		<i>18</i>
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. <i>Housewife 2nd</i> (b) General nature of industry, business, or establishment in which employed (or employer). (c) Name of employer		

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *April 15 1931*
17. I HEREBY CERTIFY, That I attended deceased from *April 5th*, 1931, to *April 15th*, 1931, that I last saw h. *alive on April 14th*, 1931, and that death occurred, on the date stated above, at *10 a.m.*

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Myocarditis
900 (duration) yrs. mos. *6* ds.
CONTRIBUTORY (SECONDARY) *Arterio Sclerosis*
(duration) *1* yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH.....
DID AN OPERATION PRECEDE DEATH?..... DATE OF.....
WAS THERE AN AUTOPSY?.....
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) *Joseph Hardy*, M. D.
April 15, 1931 (Address) *7602 S. Berkley*

*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.

9. BIRTHPLACE (CITY OR TOWN) *Switzerland*
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER <i>Xavier Schnetzler</i>
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <i>Switzerland</i>
12. MAIDEN NAME OF MOTHER <i>Unknown</i>
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <i>Unknown</i>

14. INFORMANT *Anton Sartori*
(Address) *7422 Virginia*

15. FILED *May 10 1931*
May Sartori
REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL <i>St Peter - Paul Cem.</i>	DATE OF BURIAL <i>4/18 1931</i>
20. UNDERTAKER <i>E. Hoffmeister D.C.</i>	ADDRESS <i>7814 S. Broadway</i>

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

