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.

DEC 12 1935

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

Do not use this space.

791
1003
37311
File No. 9258
Registered No.

1. PLACE OF DEATH

County ..... Registration District No. ..... Primary Registration District No. .....

Township .....

City ..... (No. 2290 Hebert St ..... St. ..... Ward)

2. FULL NAME Marguerite Sassenrath

(a) Residence, No. 2209 Hebert St., 20 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: female
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): January 24th 1853

7. AGE: 82 YEARS; ~~10~~ MONTHS: 9; DAYS: 6; If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. housekeeper
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Rochester N. Y.

FATHER

13. NAME: Frank Dietz
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ger.

MOTHER

15. MAIDEN NAME: Elisabeth Bayer
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ger.

17. INFORMANT (ADDRESS): Sister Jeanne 2209 Hebert

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Calvary Cem DATE: Nov 6th, 1935

19. UNDERTAKER (ADDRESS): Edward Koch 3516 Ann

20. FILED NOV 4 1935, 19 ..... J. F. Bredeck, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): November 3th, 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct. 12, 1935 to Nov. 3, 1935

I last saw h. alive on Nov. 3, 1935. Death is said to have occurred on the date stated above, at 11:45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
93C	

Other contributory causes of importance:
Arteriosclerosis

Name of operation: None Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) Anthony A. Piekowski, M. D.
(Address) 1525 a. Cass Ave