

NOV 4 1936

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

Do not use this space.

39530

1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1003

City

St. Louis

(No. City Hospital No. 1

File No.

Registered No. 10571

St.

Ward)

B. 9939 Louise SASS

2. FULL NAME

(a) Residence, No. 7908 Michigan St., / Ward. (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)

married

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

Fred

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Jan 20-1882

7. AGE

54

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

9

10

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

hwk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

at home

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)

St. Louis, Missouri

FATHER

13. NAME

Jos Hartman

MOTHER

15. MAIDEN NAME

Mary Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

St. Louis, Missouri

17. INFORMANT (ADDRESS)

Hosp. Info. M.H. Kent
City Hospital No. 1

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Collinsville 24

DATE

Oct-23-36

19. UNDERTAKER (ADDRESS)

North Funeral Home
Collinsville 211

20. FILED

OCT 21 1936

J. Predeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

10/20/36

19

22. I HEREBY CERTIFY, That I attended deceased from 10/3/36 19 to 10/20/36 19

I last saw her alive on 10/20/36 19 Death is said

to have occurred on the date stated above, at 12 noon

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

Syphilis

Date of onset

Other contributory causes of importance:

Uremia
Fetetic heart disease
Arteriosclerosis

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

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?

If so, specify

(Signed)

Geo. Heiboll

, M. D.

(Address)

City Hospital No. 1

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.

