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.

JAN 20 1937

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

Do not use this space.

43289

JAN 20 1937

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis, (No. ....., 2026 S. 9th St. St. ..... Ward)

File No. .....

Registered No. 11877

2. FULL NAME Emma C. Sartorius

(a) Residence, No. 2026 South 9th St. St., 23 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 Single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) November 4, 1861

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	75	0	25	

OCCUPATION

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

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) St. Louis, (STATE OR COUNTRY) Missouri

FATHER

13. NAME Martin Sartorius

14. BIRTHPLACE (CITY OR TOWN) Unknown, (STATE OR COUNTRY) Germany

MOTHER

15. MAIDEN NAME Mary Eimer

16. BIRTHPLACE (CITY OR TOWN) Unknown, (STATE OR COUNTRY) Germany

17. INFORMANT John Sartorius
(ADDRESS) 2026 South 9th St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE S. S. Peter & Paul DATE December 2, 36

19. UNDERTAKER Wm. J. Robert
(ADDRESS) 1905 South Grand Blvd.

20. FILED DEC 2 1936 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 29, 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov. 27, 1936, to Nov. 29, 1936

I last saw her alive on Nov. 29, 1936. Death is said to have occurred on the date stated above, at 11 a.m.

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

	Date of onset
Angina Pectoris	
Arterio. Sclerosis	

Other contributory causes of importance: 94 a

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) J. H. Weinberg, M. D.

(Address) 2000 S. 9th

Gr 3681

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