3 26 1939 REC'D MAR 8 1939

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

Do not use this space.

1. PLACE OF DEATH
County St Louis — Registration District No. 784 — File No. 7838
Township St Ferdinand — Primary Registration District No. 200 — Registered No. 348
City Robertson (No. Jewish Sanitarium St. Ward)

2. FULL NAME Sarah Bartmasser
(a) Residence, No. 5059 Vernon St Louis Mo Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 1 yrs. 11 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Late Philip Bartmasser
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown
7. AGE YEARS about 60 MONTHS — DAYS — If LESS than 1 day, ...hrs. or ....min.

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. Herself
10. Date deceased last worked at this occupation (month and year) 1937
11. Total time (years) spent in this occupation 46 40

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Russia

FATHER
13. NAME Sam Routman
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Russia

MOTHER
15. MAIDEN NAME Chana ?
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Russia

17. INFORMANT Dora Bartmasser
(ADDRESS) 5059 Vernon Ave
18. BURIAL, CREMATION, OR REMOVAL
PLACE Chesed Shel Emeth DATE Feb 26 1939
19. UNDERTAKER Odenhandler
(ADDRESS) 4469 Washington
20. FILED FEB 26 1939 R. C. Merger M.D. D.P.H. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 24 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 25 1937 to Feb 24, 1939.
I last saw her alive on Feb 24 1939. Death is said to have occurred on the date stated above, at 11:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Cerebral hemorrhage	
95 B	

Other contributory causes of importance:
1. General arteriosclerosis
2. Arteriosclerotic hypertensive heart disease

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... 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? .....
If so, specify .....
(Signed) Selig Sinclair, M. D.
(Address) Jewish San Robertson

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.