

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

16758
Do not use this space.

REC'D JUN 12 1939

791
1013

4292

1. PLACE OF DEATH

(a) County Registration District No.
 (b) Township Primary Registration District No.
 (c) City St. Louis Mo. (d) Street No. Mo. Baptist Hosp. St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Kate Sanguinette

(a) Residence, No. St. NR Rush Tower Mo.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 Henry Sanguinette

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 29, 1861.

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
77 5 7

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. H's wife.
 9. Industry or business in which work was done, as saw mill, bank, etc.
 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) Ironton Mo.

FATHER 13. NAME James Martin

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn.

MOTHER 15. MAIDEN NAME A Chaptman

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

17. INFORMANT (ADDRESS) Thomas Sanguinette
Festus Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Festus Mo. DATE May 9th, 39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Albert H. Hoppe Inc
4700 washigton

MAY 8 1939 19 J. H. Prudeck
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/6/39 1939

22. I HEREBY CERTIFY, That I attended deceased from 4-20, 1939, to May 6-, 1939
 I last saw h. or alive on May 5, 1939. Death is said to have occurred on the date stated above, at 50 m.
 The principal cause of death and related causes of importance were as follows:

Carcinoma of stomach with metastases of Omentum possibly liver supra Clavicle ulcer of face

Other contributory causes of importance:

Name of operation 20 Date of 5-6-39
 What test confirmed diagnosis? specimen Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no 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. Prudeck, M. D.
 (Address) 2500 S. Longhighway

REPRODUCED FROM THE MISSOURI STATE BOARD OF HEALTH WITH CHANGING 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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed Guy W. Wilkinson
Licensed Embalmer No. 3575

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.