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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 28 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 36076

Registration District No. 784 Primary Registration District No. 111 Registrar's No. 2127

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Richmond Heights (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: O St. Mary)s Hospital. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Three Weeks. (Specify whether

In this community 50 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17

(c) City or town St. Louis (If outside city or town limits, write "RURAL") 6

(d) Street No. 4627 Carter (If rural, give location) 1

(e) Citizen of foreign country? 1 (or No)

If yes, name country

3. (a) PRINT FULL NAME Charles P. Sartory

3. (b) If veteran, name war

3. (c) Social Security No. 495-18-5995

4. Sex Male O

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Helen Sartory

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased April 1, 1866 (Month) (Day) (Year)

8. AGE: Years 75 Months 6 Days 17 If less than one day hr. min.

9. Birthplace Warsaw (City, town, or county) Ill. (State or foreign country) 1

10. Usual occupation Woodworker

11. Industry or business

FATHER
12. Name Julius Sartory
13. Birthplace (City, town, or county) Germany (State or foreign country) 1

MOTHER
14. Maiden name Julia Bohn
15. Birthplace (City, town, or county) Germany (State or foreign country) 1

16. (a) Informant Helen Sartory
(b) Address 4627 Carter

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct, 21, 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Stroot Carroll
(b) Address 4600 Natural Bridge

19. (a) OCT 20 1941 (Date received local registrar) (b) E. G. McGovern M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 18 year 1941 hour 4 minute P. M.

21. I hereby certify that I attended the deceased from Sept 23, 1941, to Oct 18, 1941; that I last saw him alive on Oct 18, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocarditis + Chronic nephritis	?
Due to Calculus in Bladder	?
Due to Arteriosclerosis	?
Prostatic Enlargement	?
Other conditions (Include pregnancy within 3 months of death)	

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Major findings: Of operations Calculus in bladder. Myocarditis. Chronic nephritis

Of autopsy Necrotic wound. Cavitation lungs. Petition. Cyst kidney

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury O

23. Signature H H Kramolowsky (M. D. or other) MD

Address 984 Arcade Bldg Date signed 10/20/41

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 [signature]

Licensed Embalmer No. 2265

P. O. Address 46 [illegible] Nat Bridge ave

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

If this body is not embalmed, fact should be so stated above.