

FILED NOV 20 1943

Registration District No. **318** Primary Registration District No. **1003**

1. PLACE OF DEATH:
 (a) County _____
 (b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
CITY SANITARIUM 2
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **3 mos 21 das.**
(Specify whether
 In this community **57 years**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **000 17**
 (c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
 (d) Street No. **3893 Humphrey St.**
(If rural, give location)
 (e) Citizen of foreign country? **no** (Yes or No) **0**
 If yes, name country _____

3. (a) PRINT FULL NAME **MINNIE SARTORIUS**
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **Nov.** day **10**
 year **1943** hour **5:25** minute **P.** M.

4. Sex **Female** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **married**
 6. (b) Name of husband or wife **Henry** 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased **April 5 1886**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **July 19 1943** to **Nov 10 1943**
 that I last saw her alive on **Nov., 10 1943**
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
57 7 5 _____ hr. _____ min.

Immediate cause of death:
Carcinoma of Uterus, Pelvis and Rectum
 Due to **Chronic Myocarditis**
 Due to **Primary site further down**

9. Birthplace **Fenton Missouri**
(City, town, or county) (State or foreign country)
 10. Usual occupation **Housewife**

Other conditions (Include pregnancy within 3 months of death)
 Major findings:
 Of operations **H6**
 Of autopsy _____

MOTHER FATHER { 11. Industry or business _____
 12. Name **William Frieese**
 13. Birthplace **St. Louis Missouri**
(City, town, or county) (State or foreign country)
 14. Maiden name **Sophia Sahr**
 15. Birthplace **Fenton Mo.**
(City, town, or county) (State or foreign country)

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?
 While at work? _____ (Specify type of place) (e) Means of injury _____

16. (a) Informant **Thelma A. Dwyler**
 (b) Address **5400 Arsenal**
 17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **Nov. 13, 1943.**
(Month) (Day) (Year)
 (c) Place: burial or cremation **Oak Grove Mausoleum.**
 18. (a) Signature of funeral director **Ziegenhain Bros.**
 (b) Address **6402 Gravois Ave.**
NOV 12 1943
 19. (a) **J. F. Braseck**
(Date received local registrar) (Registrar's signature)

23. Signature **Anthony K. Bursch** (M. D. or other) _____
 Address **5400 Arsenal** Date signed **11/11/43**

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 W E Morris

Licensed Embalmer No. 3360

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, fact should be so stated above.