

No. 2
-1/47
5-17-39

19326

FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JUN 23 1947

Registrar's No. 5356

Registration District No. 318

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County.....

(b) City or town..... St. Louis Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution..... St. Louis City Hospital-Max C. Starkloff
(If not in hospital or institution, write street number or location)

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

In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Missouri (b) County..... Mad

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

(d) Street No. 4800 North Broadway
(If rural, give location)

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

If yes, name country.....

3. (a) PRINT FULL NAME Robert Sartin

3. (b) If veteran, name war WORLD WAR I

3. (c) Social Security No. 491-18-5882

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 29
year 47 hour 8:50 minute A M.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Ollie Ann Sartin

6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased May 27, 1895
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 20, 1947 to May 29th, 1947, that I last saw him alive on May 29th and that death occurred on the date and hour stated above.

Duration

8. AGE: Years 52 Months 0 Days 2 If less than one day >
hr. min.

Immediate cause of death acute cardiac failure

9. Birthplace Van Buren, Missouri
(City, town, or county) (State or foreign country)

Due to Dehydration, broncho-pneumonia

Due to agitated, psychotic exhaustion state

Other conditions (include pregnancy within 3 months of death) Schizophrenia paranoia

10. Usual occupation Laborer

11. Industry or business American Car & Fdy. Co.

12. Name John Thomas Sartin

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Mary Pinker

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ollie Ann Sartin

(b) Address 4800 North Broadway removal

17. (a) (Burial, cremation, or removal) removal (b) Date thereof 5-31-47
(Month) (Day) (Year)

(c) Place: burial or cremation Fremont, Missouri

18. (a) Signature of funeral director [Signature]

(b) Address 2117 East Grand Blvd.

19. (a) Date received local registrar MAY 30 1947 (b) J. F. Bredeet
(Registrar's signature)

Major findings: Schizophrenia paranoia

Of operations.....

Of autopsy bronchopneumonia

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 [Signature]

23. Signature [Signature] (M. D. or other).....

Address 1515 Lafayette Date signed 5-29-47

PHYSICIAN

Underline the cause of which death should be charged statistically.

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

MOTHER FATHER

OCT 19 1953

8

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

Frank A. Morse

Licensed Embalmer No.

3041

P. O. Address

2117 E. Grand

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.