

STANDARD CERTIFICATE OF DEATH

State File No. **22624**
6057
Registrar's No.

National Office of Vital Statistics
FILED JUL 7 1947

Registration District No.

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:
8334 Halls Ferry Road
(If not in hospital or institution, write street number or location)

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

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

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Missouri** (b) County..... **080**

(c) City or town..... **St. Louis**
(If outside city or town limits, write "RURAL") **17**

(d) Street No. **8334 Halls Ferry Road**
(If rural, give location) **9**

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

If yes, name country.....

3. (a) PRINT FULL NAME **Henry Sartorius**

3. (b) If veteran, name war..... *********

3. (c) Social Security No. **493-05-5739**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **22nd** day **June** year **1947** hour **7** minute **P.** M.

4. Sex **Male** 5. Color or race **White**

6. (a) Single, widowed, married, divorced..... **Widower**

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

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

7. Birth date of deceased..... **August 20 1885**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **June 7** 19**46**, to **June 23**, 19**47**, that I last saw him alive on **June 20**, 19**47**, and that death occurred on the date and hour stated above.

Duration

8. AGE: Years Months Days If less than one day

63 10 2 hr. min.

Immediate cause of death.....
Chronic Myocarditis. Presymptomatic R. heart failure Childhood.

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

Due to.....

Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

10. Usual occupation..... **Engineer**

11. Industry or business..... **City of St. Louis**

Major findings:
Of operations..... **none**

Of autopsy..... **none**

PHYSICIAN

Underline the cause of which death should be charged statistically.

12. Name..... **Henry Sartorius**

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

14. Maiden name..... **Emelia Kohl**

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

16. (a) Informant..... **Adolph Sartorius**

(b) Address..... **3440 Klock St**

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..... **0**

23. Signature **Lux H. Bock** (M. D. or other) Address **1504 S. Grand Ave** Date signed **6/23/47**

17. (a) **Burial** (b) Date thereof **6-25-1947**
(Burial, entombment, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... **Valhalla Cemetery**

18. (a) Signature of funeral director..... **Ziegenfuss**

(b) Address..... **6409 Gravois Ave**

19. (c) **JUL 21 1947** (d) **L. Bredack**
(Date received local registration) (Registrar's signature)

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

MOTHER FATHER

MAR 9 1948

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

Homer W. Fritz

Licensed Embalmer No.

3882

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.