

FILED APR 21 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14124
3277

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION Firmin Desloge Hospital		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN 4607 McPherson, St. Louis, Mo.	
		d. STREET ADDRESS (If rural, give location) 4607 McPherson	

3. NAME OF DECEASED (Type or Print) Christopher Sanguinette			4. DATE OF DEATH (Month) (Day) (Year) 4-9-49		
5. SEX Male U	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH AUG. 29, 1872		9. AGE (In years last birthday) 76
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Gardener		10b. KIND OF BUSINESS OR INDUSTRY RETIRED	11. BIRTHPLACE (State or foreign country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME August Sanguinette		13b. MOTHER'S MAIDEN NAME Kate Katy Caruorina		14. NAME OF HUSBAND OR WIFE Edna Butler	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Ward Moschner	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH 3 days
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u>			DUE TO (b) <u>hypertrophy st. 1/22</u>			3. Mon.
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.			DUE TO (c) <u>Pneumonia, broncho</u>			10/3 X week
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>arteriosclerotic heart disease compensated</u>						

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 4-2-49 19, to 4-9-49 19, that I last saw the deceased alive on 4-9-49 19, and that death occurred at 9:15 A.M., from the causes and on the date stated above.

23a. SIGNATURE John J. Inkle, M.D. (Degree or title)		23b. ADDRESS 1325 S. Grand, St. Louis, Mo.		23c. DATE SIGNED 4-10-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 4-12-49		24c. NAME OF CEMETERY OR CREMATORY CALVARY CEM.	
				24d. LOCATION (City, town, or county) (State) ST. LOUIS COUNTY, Mo.	

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE APR 12 1949 J. B. Pasater		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS SOUTHERN FUNERAL HOME 6329 S. GRAND BLVD	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

2272

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

David Thompson

Licensed Embalmer No. *6242*

P. O. Address *6312 So 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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State File No. 14124

State of }
County of } ss.

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 3277

On this day of, 194....., before me appears.....

....., who, upon oath, states that the original record of birth death
for Christopher Sanguinette, died ~~xxxx~~ 4-9-49, 19....., in the State of
Missouri, and which was filed at on....., 19....., should be corrected as follows:

Item No. 8 should read August 27 25 1873

Instead of August 25 1872

Item No. 9 should read Age 77 75

Instead of 76

Item No. 13b should read Kate Garberino

Instead of Katy Caruerina

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

The above is true to the best of my knowledge, information and belief

(SEAL) Michael Fitzgerald Fun. Dir. Relationship.

6322 S. Grand
Present Address.

Subscribed and sworn to before me this 27 day of April, 194 9

My Commission expires 3-4-53 Eva C. Padden Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

