

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

7909

FILED FEB 26 1953

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **1676**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. CITY OR TOWN <b>St. Louis</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>5944 Mimika Ave</b>		e. STREET ADDRESS (If rural, give location) <b>5944 Mimika Ave. 2079</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Johanna</b> b. (Middle) c. (Last) <b>Sanguinet.</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Feb 11 1953</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>April 10, 1884</b>
9. AGE (In years last birthday) <b>68</b>		10. UNDER 1 YEAR Months <b>10</b> Days <b>1</b> Hours <b>1</b> Min.	11. BIRTHPLACE (City and State or Foreign Country) <b>Geramny 4</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Practical Nurse</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Nursing</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			
13a. FATHER'S NAME <b>Henry Schnatmeyer.</b>		13b. MOTHER'S MAIDEN NAME <b>Anna Schnier</b>	
14. NAME OF HUSBAND OR WIFE <b>George A Sanguinet</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>487-32-4299</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Mrs Lula Bartels</b>		ADDRESS <b>5944 Mimika Ave</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <b>Infarctus Myocardium - 10 min</b> <b>Arteriosclerotic heart - 10 yrs disease</b>		MEDICAL CERTIFICATION DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ANTECEDENT CAUSES (b) DUE TO (b) DUE TO (c) OTHER SIGNIFICANT CONDITIONS (c) Conditions contributing to the death but not related to the disease or condition causing death.	
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) (Minute)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <b>4200</b>			
22. I hereby certify that I attended the deceased from _____, 19____, to <b>11 Feb 1953</b> , that I last saw the deceased alive on <b>11 Feb 1953</b> , and that death occurred at <b>10:45 a.m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>Herbert H. Siesener MD</b>		23b. ADDRESS <b>408 Humboldt Bldg</b>	
23c. DATE SIGNED <b>12 Feb 53</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Feb 12, 1953</b>	
24c. NAME OF CEMETERY OR CREMATOR <b>Friedens Cemetery</b>		24d. CITY, TOWN, OR COUNTY (State) <b>St. Louis MO</b>	
DATE REC'D BY LOCAL REG. <b>FEB 13 1953</b>		REGISTRAR'S SIGNATURE <b>J. C. Smith MD</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>Buchholz-Koeller</b>		ADDRESS <b>5967 W. Florissant</b>	

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

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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.....  
Signature of Student Embalmer

Signed *Wilfred M. Buschholz*.....

Licensed Embalmer No. *455*

P. O. Address *St. Louis*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.