

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

**4583**  
Do not use this space.

**REC'D MAR 14 1938**

**1. PLACE OF DEATH**

(a) County..... Registration District No. **791**  
 (b) Township..... Primary Registration District No. **1003** Registered No. **1228**  
 (c) City **St. Louis** (d) Street No. **St. Anthony's Hospital** St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

**2. PRINT FULL NAME**

(a) Residence, No. **5232 S Grand** St. **15** (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED **Married**  
 (write the word)

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Jan 30 1938**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **William Sanguinette**

22. I HEREBY CERTIFY, That I attended deceased from **Jan 1 1938**, to **Jan 30 1938**  
 I last saw h..... alive on..... 19..... Death is said to have occurred on the date stated above, at **8:50 P.M.**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **2-3-1884**  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hra. or .....min.  
**52 11 27**

The principal cause of death and related causes of importance were as follows:  
**Cardiac Thrombosis**  
**arterio sclerosis**

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **salesman**  
 9. Industry or business in which work was done, as saw mill, bank, etc. **real estate**  
 10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

Other contributory causes of importance:  
**arterio sclerosis**  
 Date of onset **1/30/38**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis, Mo**

FATHER 13. NAME **August B Sanguinette**

Name of operation..... Date of.....  
 What test confirmed diagnosis? **Post mortem** Was there an autopsy? **yes**

MOTHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**

15. MAIDEN NAME **Kate Garbarino**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**

17. INFORMANT (ADDRESS) **Lillian Sanguinette 5232 S Grand**

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide?..... Date of injury....., 19.....  
 Where did injury occur?..... (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

18. BURIAL, CREMATION, OR REMOVAL PLACE **Colony Park** DATE **2-3 1938**

19. FUNERAL DIRECTOR (ADDRESS) **Southern Funeral Home 6222 S Grand**

24. Was disease or injury in any way related to occupation of deceased? **no**  
 If so, specify.....  
 (Signed) **D. W. Walters**, M. D.  
 (Address) **3608 5th St. St. Louis, Mo.**

20. FILED **FEB 2 1938** 19.....  
**J. Bredbeck** Local Registrar.

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Dr. Williams

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**STATEMENT BY LICENSED EMBALMER**

I, Frank Ludwig, Licensed Embalmer No. 2504

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E. Frank Ludwig

No. 2504 or by....., Registered Apprentice No.

working under my personal supervision.

Signed Frank Ludwig

Licensed Embalmer No. 2504

**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.)**