

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. AGE should be stated EXACTLY. PHYSICIANS should state

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REC'D OCT 5 1938

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

33330  
Do not use this space.

1. PLACE OF DEATH  
 (a) County ST LOUIS Registration District No. 784  
 (b) Township NORMANDY Primary Registration District No. 115  
 (c) City University City (d) Street No. 6529 Joseph 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 HERMAN H. SANTO 53.1  
 (a) Residence, No. 6529 JOSEPH St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX MALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF PAULINE (Schneider)

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) NOV. 13 1899

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
48 10 11

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MT PLEASANT MO

FATHER  
 13. NAME JULIUS SANTO  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY

MOTHER  
 15. MAIDEN NAME Theresh Viehmann  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY

17. INFORMANT (ADDRESS) PAULINE SANTO  
6529 JOSEPH

18. BURIAL, CREMATION, OR REMOVAL PLACE ST. ANNE'S DATE Sept 26 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) BAUMANN Bros Inc  
OVERLAND MO

20. FILED SEP 24 1938 J. R. Meyer Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 24 1938

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_  
 I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 2AM m.  
 The principal cause of death and related causes of importance were as follows:  
Coronary occlusion 9/23/38  
 Date of onset

Other contributory causes of importance:  
None

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? Clinical signs Was there an autopsy? no

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.

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify \_\_\_\_\_ (Signed) John Howell M. D.  
Coroner of St. Louis County, Mo.

**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, .....

*Earl J. Hillman* ....., or by .....

Registered Apprentice No. ...., working under my personal supervision.

Signed *Earl J. Hillman*

Licensed Embalmer No. *3501*

P. O. Address *onecloud*

**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, above space should be left blank.**