REC'D MAY 10 1939

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

791
1003

13431
Do not use this space.

1. PLACE OF DEATH
(a) County 2 Registration District No.
(b) Township Primary Registration District No. Registered No. 3773
(c) or City St. Louis (d) Street No. 2346 S. 13th St. 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 540 Elizabeth Sang
(a) Residence, No. 2346 S. 13th St. St. 23
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Peter
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan. 22, 1852
7. AGE: Years 87, Months 3, Days 0, If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as saw mill, bank, etc.: retired
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): St. Louis

FATHER
13. NAME: Sang
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Louis

MOTHER
15. MAIDEN NAME: Wolfrome
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Louis

17. INFORMANT (ADDRESS): Edward Sang, 2346 S. 13th St.
18. BURIAL, CREMATION, OR REMOVAL
PLACE O.S.S. Peter & Paul Date 1 Apr. 25, 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS): Wacker-Helderle, 1 S. Broadway
APR 24 1939
20. FILED ....., 19.... J. F. Bichek Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Apr. 22, 1939
22. I HEREBY CERTIFY, That I attended deceased from 10-18, 1937, to 4-22-, 1939
I last saw her alive on 4-21, 1939. Death is said to have occurred on the date stated above, at 4:28 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Gangrene of Right leg.	
Thrombosis Right	
femoral artery	4-5-39

Other contributory causes of importance:
mitral regurgitation unknown
chr. myocarditis "

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... 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) Wm. R. Gum, M. D.
(Address) 2227 S. Broadway St Louis Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

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 Frank J. Wyland Sr., Registered Apprentice No. ....., working under my personal supervision.

Signed Frank J. Wyland Sr.

Licensed Embalmer No. 2645

P. O. Address St. Louis Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.