

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

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
OCT 14 1939 791
MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

31134

State File No.

8197

Registration District No. 1003

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County _____
 (b) City or town St. Louis Mo.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Anthony's Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution two weeks
17 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
 (c) City or town St. Louis (If outside city or town limits, write "RURAL")
 (d) Street No. 5428 Gravois Ave (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years

3. (a) PRINT FULL NAME Louis Sahrman

8. (b) If veteran, name war no 3. (c) Social Security No. 489-18-8878

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 18th 1922
 (Month) (Day) (Year)

8. AGE: Years 17 Months 6 Days 4 If less than one day hr. _____ min. _____

9. Birthplace St. Louis Mo
 (City, town, or county) (State or foreign country)

10. Usual occupation Unskilled Labor

11. Industry or business Automobile Piston Ring Co

12. Name Louis Sahrman

18. Birthplace St. Louis Mo
 (City, town, or county) (State or foreign country)

14. Maiden name Ella Cook

15. Birthplace St. Louis Mo
 (City, town, or county) (State or foreign country)

16. (a) Immediate cause of death Ella Wilson

(b) Address 5428 Gravois Ave.

17. (a) Burial (b) Date thereof Sept. 25th 1939
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus Cemetery

18. (a) Signature of funeral director Henry H. Weidemuehler

(b) Address 6203 Gravois Ave.

19. (a) SEP 24 1939 (b) J. D. Brubaker
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 22
 year 1939 hour 3 minute 55 a.m.

21. I hereby certify that I attended the deceased from Sept 18, 1939, to Sept 22 1939
 that I last saw h. i. m. alive on Sept 21, 1939,
 and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

General Peritonitis

Due to Ruptured scato.

Due to appendix

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

28. Signature Jean J. Metz MD (M. D. or other)

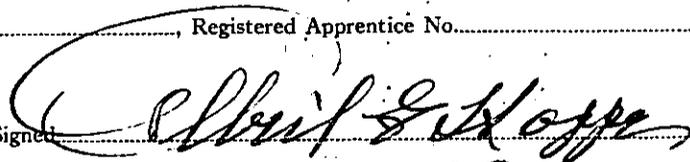
Address 2001 Cherokee Date signed Sept 22

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.....

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

Signed



Licensed Embalmer No. 2971

P. O. Address.....

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.