OCT 24 1939

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 37241

Registration District No. 784 Primary Registration District No. 115 Registrar's No. 1877

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town University City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 6631 - Crest Ave. 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community 2 months (Specify whether years, months or days)

REC'D NOV 9 1939

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town University City
(If outside city or town limits, write "RURAL")
(d) Street No. 6631 - Crest
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Elva Sertier 636
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced ✓
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Feb. (Month) 12 (Day) 1903 (Year)

8. AGE: Years 36 Months 8 Days 11 If less than one day hr. min.

9. Birthplace Olivette (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Invalid
11. Industry or business ✓
FATHER
12. Name Daniel Sertier
13. Birthplace Clayton (City, town, or county) Mo. (State or foreign country)
MOTHER
14. Maiden name Katherine Russell
15. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)
16. (a) Informant's own signature John Sertier
(b) Address 6631 Crest U City Mo.
17. (a) Central (Burial, cremation, or removal) (b) Date thereof 10-25-39 (Month) (Day) (Year)
(c) Place: burial or cremation Central Cemetery
18. (a) Signature of funeral director Baumann Bros Inc
(b) Address 2504 - Woodson Rd. - Overland Mo.
19. (a) OCT 24 1939 (Date received local registrar) (b) R. R. Meyer M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 23 year 1939. hour 5 minute 25a. M.
21. I hereby certify that I attended the deceased from May 1st 39 Oct 23d, 1939, to Oct 23, 1939 that I last saw her alive on Oct 23d, 1939 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myo Cardiotis	
Due to Chronic Articular Rheumatism	
Due to Hypertension	
Other conditions (Include pregnancy within 3 months of death) 93b	
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 —
(c) 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? (Specify type of place)
While at work? (e) Means of injury
23. Signature A. O. Gaming (M. D. or other)
Address 813 C Page Ave. Date signed Oct 24 39

(Licensed Embalmer's Statement on Reverse Side)

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.

Rev. 6-17-39 1 X19511

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 Oscar F. Mueller

Licensed Embalmer No. 3039

P. O. Address Overland Mo.

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.