

JAN 12 1940

791

Registration District No.

Primary Registration District No.

Registrar's No.

10873

## 1. PLACE OF DEATH:

(a) County 1  
 (b) City or town St Louis  
 (c) Name of hospital or institution: City Hospital #1  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 1 DAY  
 (Specify whether  
 In this community  
 years, months or days)

3. (a) PRINT FULL NAME MARY SANTO 5313. (b) If veteran,  
name war \_\_\_\_\_3. (c) Social Security  
No. \_\_\_\_\_4. Sex F 5. Color or  
race W6. (b) Name of husband or wife HERMAN SANTO 6. (c) Age of husband or wife if  
alive \_\_\_\_\_ years7. Birth date of deceased APRIL 27 1866  
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day  
73 yrs 7 22 hr. min.9. Birthplace FRANCE  
(City, town, or county) (State or foreign country)10. Usual occupation HOUSE WORK11. Industry or business AT HOME12. Name GEORGE NEY18. Birthplace UNKNOWN FRANCE  
(City, town, or county) (State or foreign country)14. Maiden name UNKNOWN15. Birthplace UNKNOWN  
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Carl Rombach(b) Address Chesterfield Mo17. (a) Burial (b) Date thereof 12/22/39  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Val Hall's Cem18. (a) Signature of funeral director Raymond Pro(b) Address Overland Mo19. (a) DEC 20 1939 (b) J. P. ...  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County 1  
 (c) City or town ST LOUIS 2  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 4651 A. DANKLIN  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 19  
year 1939 hour 2:10 minute \_\_\_\_\_ A. M.21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_,  
and that death occurred on the date and hour stated above.

## Immediate cause of death

Acute Peritonitis  
Due to Respiratory duodenal  
ulcerDue to \_\_\_\_\_  
Other conditions  
(Include pregnancy within 3 months of death)Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Duration

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?  
 While at work? \_\_\_\_\_ (Specify type of place)  
 (e) Means of injury 4

28. Signature J. P. ... (M.D. or other) \_\_\_\_\_  
Address \_\_\_\_\_ Date signed 12/25/39

AUG 23 1958

**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 Gus R. Baumann

Licensed Embalmer No. 2315

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.**