

3-40  
39  
X23159

NOV 16 1940 791  
Registration District No.

Primary Registration District No.

1003

Registrar's No.

8296

1. PLACE OF DEATH:

(a) County \_\_\_\_\_

(b) City or town St. Louis, Missouri

(c) Name of hospital or institution: St. Louis City Hospital #1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 18 Days  
(Specify whether years, months or days)

In this community Since Birth

3. (a) PRINT FULL NAME Catherine Sanguinett

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife George E. Sanguinette

6. (c) Age of husband or wife if alive 40 yrs years

7. Birth date of deceased July 26 1900  
(Month) (Day) (Year)

8. AGE: Years 40 Months 2 Days 8  
If less than one day hr. min.

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

10. Usual occupation At Home

11. Industry or business House Wife

12. Name Ollie Bruenger

13. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Katherine Berlo

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

16. (a) Informant George E. Sanguinett

(b) Address 1468 East Warne Ave

17. (a) Burial (b) Date thereof 10/7/40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Math. Hermann & Son

(b) Address 2161 East Fair Avenue

19. (a) OCT 5 1940 (b) J. P. Budick  
(Date received local registrar) (Registrar's signature)

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. 1468 East Warne Avenue  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 4, year 1940 hour 1:55 minute P. M.

21. I hereby certify that I attended the deceased from September 16, 1940, to October 4, 1940, that I last saw her alive on October 4, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of breast with generalized metastases

Due to \_\_\_\_\_

Due 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 \_\_\_\_\_

23. Signature William H. Elliott (M. D. or other) 10/4/40  
Address 1515 Lafayette Ave. Date signed \_\_\_\_\_

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

MOTHER FATHER

**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 *Samuel Hampton*  
Licensed Embalmer No. *2967*  
P. O. Address *St. Louis, Mo.*

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

**If this body is not embalmed, fact should be so stated above.**