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4-41  
7-39  
K28390

DEC 13 1941

State File No. 1

Registration District No. 284

Primary Registration District No. 202

Registrar's No. 2450

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Wellston  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
6200 Plymouth Ave.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community Life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis <sup>096</sup>

(c) City or town Wellston <sup>3</sup>  
(If outside city or town limits, write "RURAL")

(d) Street No. 6200 Plymouth Ave. <sup>0</sup>  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME Mary Agnes Sanguinet

3. (b) If veteran, name war No

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December, Day 2d, Year 1941 hour 8 minute 45 P.M.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced 3 Divorced

6. (b) Name of husband or wife O. N. Sanguinet

6. (c) Age of husband or wife if alive 82 years

7. Birth date of deceased September 7 1862  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Dec. 1 1941 to Dec 2 1941; that I last saw her alive on Dec 2 1941; and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>79</u>	<u>2</u>	<u>25</u>	.....hr. ....min.

Immediate cause of death Cerebral Hemorrhage <sup>Duration 1 da</sup>

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

Due to Asthenia senilis 10 yrs

10. Usual occupation Housewife

Due to Chr. Nephritis 10 yrs

11. Industry or business At home

Other conditions (Include pregnancy within 3 months of death)

12. Name James B. Walsh

Major findings: Of operations 131b

13. Birthplace New York  
(City, town, or county) (State or foreign country)

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

Underline the cause to which death should be charged statistically.

14. Maiden name Helena Harding

15. Birthplace Virginia  
(City, town, or county) (State or foreign country)

16. (a) Informant Agnes E. Sanguinet

(b) Address 6200 Plymouth Ave.

17. (a) Burial (b) Date thereof 12/ 5/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director For. W. Clark

(b) Address 1125 Hodiament Ave.

19. (a) DEC 3 1941 (b) C. H. McManis M.D.  
(Date received by Registrar) (Registrar's signature)

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 West H. Embury (M. D. or other) MD

Address 340 Bermuda Ave Date signed 12-3-41

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

MOTHER FATHER

J. H. KLINKERFUSS, M.D.  
NORMANBY Mo.

JUL 13 1955

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..... *Gay W Wilkins*.....

Licensed Embalmer No..... *3575*.....

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, fact should be so stated above.**