

**FILED MAY 24 1945**

Registration District No. **317**

Primary Registration District No. **6076**

Registrar's No. **832**

12767  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County **St. Louis**

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

(c) Name of hospital or institution: **4937 Hummelsheim** (If not in hospital or institution, write street number or location)

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

In this community **Unknown**

3. (a) PRINT FULL NAME **Bertha Sartor**

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. **No.**

4. Sex **Female** 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 (Day) (Year)

7. Birth date of deceased **Aug. 12 1869** (Month) (Day) (Year)

8. AGE: Years **75** Months **7** Days **19** If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace **Germany** (City, town, or county) (State or foreign country)

10. Usual occupation **Home**

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name **Carl Sartor**

13. Birthplace **Germany** (City, town, or county) (State or foreign country)

14. Maiden name **Unknown**

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

16. (a) Informant **Ruth Moser**

(b) Address **3315 Potomac St.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **Apr. 4, 1945** (Month) (Day) (Year)

(c) Place: burial or cremation **St. Paul's Churchyard**

18. (a) Signature of funeral director **Wacker-Helderte**

(b) Address **3634 Gravois Ave.**

19. (a) **APR 5 1945** (Date received local registrar) **E. B. H. Bourson** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **46**

(c) City or town **St. Louis** (If outside city or town limits, write "RURAL") **9**

(d) Street No. **4917 Hummelsheim** (If rural, give location)

(e) Citizen of foreign country? **0** (Yes or No)

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: **April 1 1945** Month **7** day **45 A.** hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from **Sept. 4 1944** to **April 1 1945**

that I last saw her alive on **April 1 1945** and that death occurred on the date and hour stated above.

Immediate cause of death: **Pneumonia Lobar Hypostatic**

Due to **Myocarditis, Chl. Endocarditis, Mitral**

Due to **Coronary disease**

Other conditions: **Yphritis Glomerular** (Include pregnancy within 3 months of death)

Duration: **4 days**

**3 yrs**

**2 yrs**

**2 yrs**

**2 yrs**

PHYSICIAN

Major findings: **none**

Of operations **108**

Of autopsy **none**

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: **NO**

(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 **J. J. [unclear]** (M. D. or other) **MD**

Address **12767 Gravois** Date signed **4-2-45**

**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..... *Frank J. Ireland*

Licensed Embalmer No. *2675*

P. O. Address..... *St. Louis*

**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.**