V. S. No. 2
00M—5-43
ev. 5-17-39
o. I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42950

FILED JAN 13 1947

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11282

1. PLACE OF DEATH:
(a) County MISSOURI
(b) City or town ST. LOUIS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 5416 THOLOZAN
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

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. 2950 MICHIGAN
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME WILLIAM J. SERTL, SR.
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased FEB (Month) 3 (Day) 1874 (Year)

8. AGE: Years	Months	Days	If less than one day
72	10	27	hr. min.

9. Birthplace ST. LOUIS MO (City, town, or county) (State or foreign country)
10. Usual occupation RETIRED SHOE MERCHANT
11. Industry or business
FATHER 12. Name JOHN SERTL
13. Birthplace BOHEMIA (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name ANNA BENDA
15. Birthplace BOHEMIA (City, town, or county) (State or foreign country)
16. (a) Informant EDWARD F. SERTL
(b) Address 3649 ALBERTA
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JAN. 2 1947 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ OLD S.S. PETER & PAUL
18. (a) Signature of funeral director Theo Kutis & Son
(b) Address 2906 GRAVOIS
19. (a) DEC 31 1946 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC. day 30 year 1946 hour 10 minute 20 A.M.

21. I hereby certify that I attended the deceased from Dec. 2, 1946, to Dec. 30, 1946, that I last saw him alive on Dec. 30, 1946, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Embolism	1 day
Due to: Carcinoma Stomach	6 mos.
Due to: General carcinomatosis	1 mos.
Other conditions (Include pregnancy within 3 months of death):	

Major findings: Of operations: none
Of autopsy: none

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 none
(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) 0
While at work? (e) Means of injury
23. Signature (M. D. or other)
Address 2767 Gravois Date signed 12-30-46

(Licensed Embalmer's Statement on Reverse Side)

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

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 Leo J. Budde

Licensed Embalmer No. 3989

P. O. Address St. Louis, 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, fact should be so stated above.