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STATE FILE NUMBER

632

Registration District No. Primary Registration District No. Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY <i>St. Louis</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR TOWN <i>915 N. Grand, St. Louis, Mo.</i> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <i>4810</i> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>35 VET. ADM. HOSPITAL</i> Length of stay in lb <i>2 days</i>		d. STREET (If outside, give location) ADDRESS <i>4917 HUMMELSHEIM</i> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last <i>AUGUST (GUSTAV) J. SARTOR</i>			4. DATE OF DEATH Month Day Year <i>1-21-57</i>		
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5. SEX <i>MALE</i>	6. COLOR OR RACE <i>WHITE</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>8-30-90</i>	9. AGE (In years last birthday) <i>66</i>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>UNEMPLOYED - (RETIRED CLK.)</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>Y.M.C.A.</i>	11. BIRTHPLACE (City and state or country) <i>ST. LOUIS, MO.</i>	12. CITIZEN OF WHAT COUNTRY? <i>USA</i>
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13. FATHER'S NAME <i>OTTO SARTOR</i>	14. MOTHER'S MAIDEN NAME <i>LOUISE GUENSCHI</i>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>YES</i>	16. SOCIAL SECURITY NO. <i>492 24 4642</i>	17. INFORMANT Address <i>VA HOSP. RECORDS, 915 N. GRAND, ST. LOUIS, MO.</i>
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18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c.)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>GENERALIZED CARCINOMATOSIS</i>		INTERVAL BETWEEN ONSET AND DEATH <i>Undetermined</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <i>CARCINOMA OF PAROTID</i>	
	DUE TO (c) <i>142.1</i>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)		19. WAS AUTOPSY PERFORMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
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20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
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21. attended the deceased from <i>1-19-57</i> to <i>1-21-57</i> and last saw <i>him</i> alive on <i>1-21-57</i> Death occurred <i>4:25 AM</i> on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>J. T. Kaminski</i>	22b. ADDRESS <i>915 N. Grand VA Hospital, St. Louis, Mo.</i>	22c. DATE SIGNED <i>1-21-57</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>Jan. 24, 1957</i>	23c. NAME OF CEMETERY OR CREMATORY <i>S/S Peter & Paul Cem.</i>	23d. LOCATION (City, town, or county) (State) <i>St. Louis, Mo.</i>
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24. FUNERAL DIRECTOR ADDRESS <i>Kriegshauser 4228 S. Kingshighway</i>	25. DATE RECD. BY LOCAL REG. <i>JAN 21 '57</i>	26. REGISTRAR'S SIGNATURE <i>J. Carl Smith, Mo</i>
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Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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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 Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Richard W. Stovesand*

Licensed Embalmer No. *40*

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to-comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.