

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

9524

1. PLACE OF DEATH  
 79 County Perry Co Registration District No. 660  
 Township Central Primary Registration District No. 5878  
 City \_\_\_\_\_ (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME William H. Sandler  
 (a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Katharine Sandler

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 27, 1881

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ..... hrs. or ..... min.
	<u>50</u>	<u>3</u>	<u>21</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Employed by the State

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lewis Oil Co.

10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Perryville, Mo.

FATHER  
 13. NAME Peter Sandler  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Perry Co Mo.

MOTHER  
 15. MAIDEN NAME Margaret Boyderfal  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Perry Co. Mo.

17. INFORMANT Mrs. Katharine Sandler  
 (ADDRESS) Perryville, Mo.

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE St. Louis, Mo. DATE 3-22-1932

19. UNDERTAKER Zollner & Sperry  
 (ADDRESS) Perryville, Mo.

20. FILED 3/22 1932 Pa. J. Meeker  
 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/20, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 18, 1932, to March 20, 1932  
 I last saw h. 8:15 alive on March 20, 1932. Death is said to have occurred on the date stated above, at 8:15 a.m.  
 The principal cause of death and related causes of importance were as follows:  
Influenza  
11H  
108  
11W  
11W  
 Other contributory causes of importance:  
Serial Pneumonia

Name of operation no Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? no Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify \_\_\_\_\_  
 (Signed) Quincy D. Stule, M. D.  
 (Address) Perryville Mo.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

APR 28 1932

