REC'D FEB 28 1939

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

Do not use this space.

1. PLACE OF DEATH
County Warren
Township Charrette
City ..... (No. ....., ... St. ..... Ward)

Registration District No. 884
Primary Registration District No. 6171

File No. 4216
Registered No. 1

2. FULL NAME 53 Albert Benard Sander

(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 36 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~~ Lizzie Sander

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 4 1864

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
74	2	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (month and year) Aug 1 1938
11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Peers Missouri

FATHER

13. NAME Henry Sander
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Missouri

MOTHER

15. MAIDEN NAME Louise Nauber
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Peers Missouri

17. INFORMANT (ADDRESS) Wm Sander Peers Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Concord Hill DATE Jan 24 1939

19. UNDERTAKER (ADDRESS) Fred W Lichtenberg Marthasville Mo

20. FILED Jan 23 1939 G C Johnson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 21, 1939

22. I HEREBY CERTIFY That I attended deceased from Aug, 1925, to Jan 20, 1939
I last saw him alive on Jan 20, 1939. Death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis arteriosclerosis	5 years

Other contributory causes of importance:

Acute coronary thrombosis	1 day

Name of operation none Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... 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? .....
If so, specify .....
(Signed) Herbert H Schmidt, M. D.
800 (Address) Marthasville, Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.