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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

JAN 12 1940

Registration District No. 791 1003

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No.

State File No. 41532

Registrar's No. 10655

1. PLACE OF DEATH:

(a) County 1

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: City Hospital, #1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 Days (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 1

(c) City or town St. Louis 23
(If outside city or town limits, write "RURAL")

(d) Street No. 2210 S. 18th St.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Helen Sanders 536

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Chas. Sanders Sr

6. (c) Age of husband or wife if alive — years

7. Birth date of deceased June (Month) 22 (Day) 1872 (Year)

8. AGE: Years 67 Months 5 Days 20 If less than one day hr. min.

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

10. Usual occupation Housework 6

11. Industry or business

FATHER
12. Name Chas. Plander 6
13. Birthplace (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Not Known 6
15. Birthplace (City, town, or county) Germany (State or foreign country)

16. (a) Informant's own signature Chas. Sanders

(b) Address Bass St. Louis, Ill.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-15-39 (Month) (Day) (Year)

(c) Place: burial or cremation Concordia Cemetery

18. (a) Signature of funeral director John A. Cronoska

(b) Address 1010 Penna. Ave. East St. Louis Ill

19. (a) DEC 13 1939 (Date received local registrar) (b) J. F. Bridgeland (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 12, year 1939 hour 1:45 minute P.M.

21. I hereby certify that I attended the deceased from December 11, 1939, to December 12, 1939; that I last saw her alive on December 12, 1939 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cancer of Colon	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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

(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)

While at work? (e) Means of injury 1

23. Signature Melvin A. Casberg (M. D. or other)

Address 1515 Lafayette, 12/12/39 Date signed

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

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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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed John A. Ogonoski

Licensed Embalmer No. 3398

P. O. Address East St Louis Ill

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, above space should be left blank.