

No. 2
1-13-40
-17-39
X23159

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 26805
Registrar's No. 6701

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County.....
(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 4 Days
(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 15
(If outside city or town limits, write "RURAL")
(d) Street No. 4239 Louisiana Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A. years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 4
year 1940 hour 7:00 minute A.M.
21. I hereby certify that I attended the deceased from August
1, 1940, to August 4, 1940
that I last saw him alive on August 4, 1940
and that death occurred on the date and hour stated above.

3. (a) PRINT FULL NAME Albert Sanders 536

3. (b) If veteran, name war..... 3. (c) Social Security No. 497-09-0809

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced single

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

7. Birth date of deceased October 27 1919
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	20	9	7 hr. min.

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

10. Usual occupation Assembler

11. Industry or business Thermometers

12. Name Fred Sanders

13. Birthplace Spring Valley Minnesota
(City, town, or county) (State or foreign country)

14. Maiden name Carroll

15. Birthplace Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant Fred Sanders

(b) Address Sappington, Mo.

17. (a) Burial (b) Date thereof Aug. 7, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director J. J. Ziegenhein

(b) Address 7027 Gravois Ave.

19. (a) AUG 7 1940 (b) J. J. Bredeck
(Date received local registrar) (Registrar's signature)

Immediate cause of death
abscess of brain left cerebellum 2 wks?
Bacterial meningitis 2 wks?
Due to metastoiditis chronic
with embolization 9 years
Due to non-malignant
non-epileptic
Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....
Of autopsy as above

Duration
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?

While at work?..... (Specify type of place) (e) Means of injury 1
23. Signature Edward H. Given (M. D. or other)
Address 1515 Lafayette Ave. Date signed 8/4/40

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.....

Licensed Embalmer No.....

P. O. Address.....

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.