

2  
40  
39  
K23159

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **33204**

FILED OCT 10 1940

Registration District No. **784**

Primary Registration District No. **200**

Registrar's No. **1809**

1. PLACE OF DEATH:

(a) County **St. Louis County**

(b) City or town **Jefferson Barracks**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **Veterans Administration Facility** **3**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **Admitted 8/18/40**  
(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**  
(If outside city or town limits, write "RURAL")

(d) Street No. **Aberdeen Hotel, 1534 Market St.,**  
(If rural, give location)

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

3. (a) PRINT FULL NAME **Axel A. Sandros**

3. (b) If veteran, name war **Spanish-Amer.** 3. (c) Social Security No. **None**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept.** day **23rd**  
year **1940** hour **12:30** minute **A.M.**

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 **February 4, 1864**  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **August 18, 1940** to **September 23, 1940**  
that I last saw him alive on **September 23, 1940**  
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<b>76</b>	<b>7</b>	<b>19</b>	hr. <b>-</b> min. <b>-</b>

Immediate cause of death **Coronary arteriosclerotic heart disease with myocardial damage.** **Unkn.**

9. Birthplace **Sweden.** **7**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Laborer** **9**

Due to **-**

Due to **-**

Other conditions **Generalized arteriosclerosis, Unkn.**  
(Include pregnancy within 3 months of death)

11. Industry or business **-**

12. Name **Unknown** **9**

13. Birthplace **Unknown**  
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown**

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

severe and pulmonary emphysema. **Unkn.**

Major findings: **-**

Of operations **-**

Of autopsy **No autopsy.**

16. (a) Informant **M. Schilling**

(b) Address **Clinical Clerk VAF, Jeff. Bks., Mo.**

17. (a) **IBURIAL CEM.** (b) Date thereof **SEPT. 25, 1940**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **NATIONAL CEMETERY**  
**Chaffin Ave. N. E. 28.**

18. (a) Signature of funeral director **[Signature]**

(b) Address **7814 S. Broadway**

19. (a) **SEP 25 1940** (b) **[Signature]**  
(Date received for registration) (Registrar's signature)

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) **NO**

(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? **NO**

While at work **[Signature]**  
(Specify type of place) (If Member of Army, Navy, or Marine Corps)

23. Signature **C. W. HUGHES, M.D.,** (M. D. or other) **1**  
Address **Chief Medical Officer.** Date signed **9/23/40**

**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 *Linus Hoffmeister*

Licensed Embalmer No. *3871*

P. O. Address *7814 S. Broadway*

**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.**