

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED FEB 24 1942

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. _____

1. PLACE OF DEATH:

(a) County _____
(b) City or town ST. LOUIS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 5207 LOTUS AVE.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution NONE.
(Specify whether
In this community ALL OF LIFE.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County Doo
(c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")
(d) Street No. 5207 LOTUS AVE.
(If rural, give location)
(e) Citizen of foreign country? NO. (Yes or No)
If yes, name country NONE.

3. (a) PRINT FULL NAME WILLIAM F. SANDBOTHE

3. (b) If veteran, name war NONE.
3. (c) Social Security No. 488-07-2057

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN day 3 year 1942 hour 5:30 minute A.
21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____;
that I last saw h. _____ alive on _____ 19____;
and that death occurred on the date and hour stated above.

4. Sex MALE 5. Color or race WHITE
6. (a) Single, widowed, married, divorced SINGLE

6. (b) Name of husband or wife NONE.
6. (c) Age of husband or wife if alive NONE years

7. Birth date of deceased FEB. 4TH 1873.
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
68 10 29 — hr. — min.

9. Birthplace ST. LOUIS MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation CLERK.

11. Industry or business S&I GO IRON STORES

12. Name STEPHEN SANDBOTHE

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

14. Maiden name ANNA TEGETHOFF

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

16. (a) Informant Stephen Sandbthe

(b) Address 5207 Lotus Ave.

17. (a) BURIAL (b) Date thereof JAN 6TH 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY CEMETERY

18. (a) Signature of funeral director Brookland And Co.

(b) Address 1827 HOGAN ST.

19. (a) JAN 5 1942 (b) J. F. Proctor
(Date received local registrar) (Registrar's signature)

Immediate cause of death _____
Coronary Occlusion

Due to _____

Due to _____

Other conditions _____

Major findings: Of operations _____

Of autopsy _____

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) _____

(Specify type of place) _____

Signature Alfred Merritt (M. D. or other) _____

Address Republic Date signed 1/3/42

(Licensed Embalmer's Statement on Reverse Side)

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

345

20

PHYSICIAN

Underline the cause to which death should be charged statistically.

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..... *G. W. Wilkin*

Licensed Embalmer No..... *3575*

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.