

FILED NOV 10 1943

Registration District No. 53

Primary Registration District No. 3010

Registrar's No. 334

1. PLACE OF DEATH:

(a) County. CAPE GIRARDEAU
(b) City or town. CAPE GIRARDEAU
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 523 S. BENTON ST. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution NOT in Hospital
(Specify whether
In this community 65 YEARS 4 MO 19 DAYS.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State. MISSOURI (b) County. CAPE GIRARDEAU 16
(c) City or town. CAPE GIRARDEAU 4
(If outside city or town limits, write "RURAL")
(d) Street No. 523 S. BENTON ST.
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country. 0

3. (a) PRINT FULL NAME ALBERT C. SANDER

3. (b) If veteran, name war NONE 3. (c) Social Security No. 489-12-3925

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

6. (b) Name of husband or wife. AMANDA C. SANDER 6. (c) Age of husband or wife if alive. 58 years

7. Birth date of deceased. JUNE 11 1878
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
65 4 19 hr. min.

9. Birthplace. DUTCHTOWN MO. 0
(City, town, or county) (State or foreign country)

10. Usual occupation. ELECTRICIAN

11. Industry or business.

MOTHER FATHER { 12. Name. CHRIST SANDER

13. Birthplace. CAPE GIR. CO. MO 0
(City, town, or county) (State or foreign country)

14. Maiden name. ANNA WILLER

15. Birthplace. CAPE GIR. CO. MO. 0
(City, town, or county) (State or foreign country)

16. (a) Informant. Mrs Albert Sander

(b) Address. 523 So. Benton St Cape

17. (a) BURIAL (b) Date thereof. NOV. 4 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. MEMORIAL PARK

18. (a) Signature of funeral director. Mrs Larberg

(b) Address. Cape Girardeau, Mo.

19. (a) 11-3-43 (b) T. J. Phelps
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month. OCT 30 day. year. 1943 hour. 10 minute. 30 P.M.

21. I hereby certify that I attended the deceased from 1-16, 1942 to 10-30, 1943 that I last saw him alive on 10-18, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death. Myocarditis with decompensation Duration 2 yrs

Due to...
Due to...

Other conditions. (Include pregnancy within 3 months of death)

Major findings: Of operations... Of autopsy...
930
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?

While at work? (Specify type of place) _____ (e) Means of injury _____

23. Signature. P. A. Ritter, M. D. (M. D. or other) Address. Cape Girardeau, MO Date signed 11-2-43

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

RECEIVED

District Health Officer No. 4
District File Number 1143-2925
Date Filed 11-8-43

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.....

.....
working under my personal supervision.

....., Registered Apprentice No.

Signed.....

Licensed Embalmer No. 3810

P. O. Address Cape Girardeau, Mo.

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.