

FILED MAR 16 1944

Registration District No. 318

Primary Registration District No. 6051

1. PLACE OF DEATH:

(a) County St. Charles
(b) City or town Rural - St. Charles Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
R.R. #1 - St. Charles, Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ (Specify whether)
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Charles
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. R.R. #1, St. Charles, Mo.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mrs. Emma Sandfort

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife John H. Sandfort 6. (c) Age of husband or wife if alive 77 years
7. Birth date of deceased January 6, 1867
(Month) (Day) (Year)

8. AGE: Years 77 Months 0 Days 25 If less than one day hr. min.

9. Birthplace St. Charles County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Diedrich Meers
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Maria Moehlenkamp
(City, town, or county) (State or foreign country)
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant John Sandfort
(b) Address St. Charles Mo

17. (a) Burial (b) Date thereof Feb. 4, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Lutheran Cemetery

18. (a) Signature of funeral director H. H. Mann - Ball
(b) Address 376 N. 6th St. St. Charles Mo

19. (a) Feb 3, 1944 (b) Emmet L. Paul
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 1 year 1944 hour 9 minute 30 P.M.

21. I hereby certify that I attended the deceased from Dec. 10, 1944, to Feb. 1, 1944.
that I last saw her alive on Jan. 30, 1944.
and that death occurred on the date and hour stated above.

Immediate cause of death Artemia Duration 3 days
Due to Chronic Coronary-Renal dis ?
Due to Hypertension ?

Other conditions: _____
(Include pregnancy within 3 months of death)
Major findings: 13/a
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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature J. M. Hoover (M. D. or other) _____
Address St. Charles Mo Date signed 2-8-44

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

DEC - 5 1945

SEP 18 1945

RECEIVED

District Health Officer No. 9,

District: File Number.....

Date Filed 3-15-44

MAY 12 1944

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. 3145

P. O. Address St. Charles 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.