

FILED AUG 21 1944
310

Primary Registration District No. 6051

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

72
000

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: _____
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____ 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
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME John Sandfort

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 15
year 1944 hour 5 minute - A. e. M.

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

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

7. Birth date of deceased October 12, 1866
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Feb. 10, 1944 to July 15, 1944
and that death occurred on the date and hour stated above.

8. AGE: Years 77 Months 9 Days 3 If less than one day _____ hr. _____ min.

Immediate cause of death Coronary Arteriosclerosis Duration 5 hrs

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

10. Usual occupation Farmer

Due to Coronary Arteriosclerosis 7.

Due to _____

11. Industry or business _____

MOTHER FATHER { 12. Name Diedrich Sandfort

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

14. Maiden name Mary Zumbel

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

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

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Alfred Sandfort

(b) Address St. Charles Co. MO

17. (a) Burial (b) Date thereof July 17, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lutheran Cemetery

Major findings: Of operations _____

Of autopsy _____

18. (a) Signature of funeral director Hackmann-Bauer

(b) Address 326 N. 6th St. St. Charles, MO

19. (a) July 17, 1944 (b) Ernest L. Paul
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

4) 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)

While at work? _____ (e) Means of injury _____

23. Signature: Joe Jackson (M. D. or other) _____
Address St. Charles, MO Date signed 7-17-44

1340

DEC - 5 1945

RECEIVED

District Health Officer No. 9

District File Number.....

Date Filed 8-17-44

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..... *Arthur C. Bauer*

Licensed Embalmer No. 3155

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.