. S. No. 2
OM—8-43
v. 5-17-39
I X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 9 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 8484

Registration District No. 32 Primary Registration District No. 4043 Registrar's No. 19

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

7416

1. PLACE OF DEATH:

(a) County BILLINGER
(b) City or town MARBLE HILL
(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 76 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County BOLLINGER
(c) City or town MARBLE HILL
(If outside city or town limits, write "RURAL")
(d) Street No. Lorance Twp
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME ERICH OTTO SANDER

3. (b) If veteran, name war —
3. (c) Social Security No. —

4. Sex M. O
5. Color or race W.
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife MARTHA SANDER
6. (c) Age of husband or wife if alive 73 years
7. Birth date of deceased Aug (Month) 6 (Day) 1869 (Year)

8. AGE:

Years	Months	Days	If less than one day
76	6	27	hr. min.

9. Birthplace BOLLINGER Co. (City, town, or county) Mo. O (State or foreign country)
10. Usual occupation CARPENTER
11. Industry or business —

FATHER
12. Name AUGUST SANDER
13. Birthplace [illegible] GERMANY (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name MARGARET WRECK
15. Birthplace BERLIN (City, town, or county) GERMANY (State or foreign country)

16. (a) Informant LEON SANDER
(b) Address MARBLE HILL, Mo.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 3-5-1946 (Month) (Day) (Year)
(c) Place: burial or cremation MARBLE HILL CEM.
18. (a) Signature of funeral director BAKER FUNERAL HOME
(b) Address LUTESVILLE, Mo.
19. (a) Mar 16 1946 (Date received local registrar) (b) Willie Van Amburgh (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 2nd year 1946 hour 11:00 minute 40 P. M.

21. I hereby certify that I attended the deceased from 1-23-1946, to 2-24, 1946 that I last saw him alive on 2-24, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death disease with Coronary Infarction of ① The Myo-Cardium

Due to ① Coronary sclerosis

Due to

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

Major findings:
Of operations ✓
Of autopsy ✓

Duration

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

23. Signature Albert M Estes (M. D. or other) MD
Address Jackson, Mo Date signed 3-12-46

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(Licensed Embalmer's Statement on Reverse Side)

District Health Officer No. 4
District File Number 46-1908
Date Filed 4-8-46

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 J. E. Graham

Licensed Embalmer No. 4010

P. O. Address Linneville, 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.