

S. No. 2
DM-5-43
v. 5-17-39
X 38671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11614

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2389

1. PLACE OF DEATH:
(a) County ST. LOUIS
(b) City or town (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2137 S. JEFFERSON
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community 50 yrs. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town ST. LOUIS (If outside city or town limits, write "RURAL")
(d) Street No. 2137 S. JEFFERSON (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME MATTIE SANDIFER
3. (b) If veteran, name war. 3. (c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month MARCH day 10 year 1946 hour 11 minute 30 P.M.
21. I hereby certify that I attended the deceased from March 9, 1946, to March 10, 1946, that I last saw her alive on March 10, 1946, and that death occurred on the date and hour stated above.
Immediate cause of death: Coronary occlusion
Duration: 3 days

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband JAMES 6. (c) Age of husband 79 years if alive
7. Birth date of deceased MARCH 10 1873 (Month) (Day) (Year)

Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy
PHYSICIAN
Underline the cause to which death should be charged statistically.

8. AGE: Years 73 Months - Days - If less than one day hr. min.

9. Birthplace ILLINOIS (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name NELSON STARTS
13. Birthplace UNKNOWN (City, town, or county) (State or foreign country)

14. Maiden name UNKNOWN
15. Birthplace UNKNOWN (City, town, or county) (State or foreign country)

16. (a) Informant JAMES VAN SANDIFER
(b) Address 2137 S. JEFFERSON

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MARCH 13 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Hope Cem.

18. (a) Signature of funeral director Producers & Son
(b) Address 2796 GRAVOIS

19. (a) MAR 12 1946 (Date received local registrar) (b) J. F. BREDECK (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
(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 R. Berg (M. D. or other) Address 223 Nebraska Date signed 3/11/46

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD 10526

MOTHER FATHER

Hand

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.....

Leo J. Budd

Licensed Embalmer No. *3989*

P. O. Address..... *St. Louis, 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.