V. S. No. 2
50M—1/47
Rev. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26016

FILED AUG 15 1947

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 7210

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

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1900 Linton Ave
(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 0-0-0

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 9 1900 Linton Ave 9
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Mamie Sanker

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Widow 2

6. (b) Name of husband or wife Late Louis Sanker

6. (c) Age of husband or wife if alive years

7. Birth date of deceased May (Month) 4 (Day) 1880 (Year)

8. AGE: Years 67 Months 3 Days 0 If less than one day hr. min.

9. Birthplace St. Louis Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business

FATHER
12. Name Louis Meyer
13. Birthplace Germany 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Leonard Sanker
(b) Address 1900 Linton Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 4 1947 (Month) (Day) (Year)
(c) Place: burial or cremation Zion's Cemetery

18. (a) Signature of funeral director Calvin F Feutz
(b) Address 4828 Nat Bridge Blvd

19. (a) AUG 5 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 4
year 1947 hour 7 minute 55 P. M.

21. I hereby certify that I attended the deceased from Feb 10 1947 to Aug 1st 1947
that I last saw her alive on August 1 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral hemorrhage	48 hrs
Due to: Hypertension	?
Due to: Arteriosclerosis	?
Other conditions: Arthritis deformans (Include pregnancy within 3 months of death)	?

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause of 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 Robert C McElvain (M. D. or other) MD

Address 4356 Warne ave Date signed 8/2/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

[illegible] Elvain
4356 Warne Ave.
1 to 5 Pm

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 Ralph C. Linders

Licensed Embalmer No. 4275

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.

A