

FILED DEC 6 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

318

1003

39247

State File No.

Registrar's No. 10265

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|--|--|---|--|---|--|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. _____ | | PRIMARY REG. DIST. NO. _____ | | Registrar's No. 10265 | |
| 1. PLACE OF DEATH a. COUNTY | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | | c. LENGTH OF STAY (in this place) | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis State Hosp. | | | | d. STREET ADDRESS (If rural, give location) 24- 3327 S. Jefferson | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) AUGUST | | b. (Middle) | | c. (Last) SANDERMANN | | 4. DATE OF DEATH (Month) (Day) (Year) Nov. 28, 1949 | |
| 5. SEX Male | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Married | | 8. DATE OF BIRTH Aug. 12, 1886 | |
| 9. AGE (In years last birthday) 63 | | 10. KIND OF BUSINESS OR INDUSTRY Retired | | 11. BIRTHPLACE (State or foreign country) St. Louis, Missouri | | 12. CITIZEN OF WHAT COUNTRY? USA | |
| 13a. FATHER'S NAME August Sandermann | | 13b. MOTHER'S MAIDEN NAME Dora Dumeyer | | 14. NAME OF HUSBAND OR WIFE Barbara | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | | 16. SOCIAL SECURITY NO. --- | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Barbara Sandermann--3327 S. Jefferson | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Arteriosclerosis INTERVAL BETWEEN ONSET AND DEATH 1937x ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 9th | | 21f. HOW DID INJURY OCCUR 334X | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | | | | |
| 22. I hereby certify that I attended the deceased from May 12, 1947, to Nov. 28, 1949, that I last saw the deceased alive on Nov. 28, 1949, and that death occurred at 1.25p m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE L. J. Howlallen M.D. (Degree or title) | | | | 23b. ADDRESS 5400 Arsenal, St. | | 23c. DATE SIGNED 11/28/49 | |
| 24a. BURIAL, CREMATION, REMOVAL, (Specify) Burial | | 24b. DATE 12/1/49 | | 24c. NAME OF CEMETERY OR CREMATORY St. Pauls Churchyard | | 24d. LOCATION (City, town, or county) (State) St. Louis Co., Missouri | |
| DATE REC'D BY LOCAL REG. NOV 29 1949 | | REGISTRAR'S SIGNATURE J. B. Basater | | 25. FUNERAL DIRECTOR'S SIGNATURE Wacker-Weber | | ADDRESS 3634 Gravois | |

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

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *Felix J. Krupin*

Licensed Embalmer No. 3497

P. O. Address 3634 Gravel

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.