

STANDARD CERTIFICATE OF DEATH

State File No. **6746**
Registrar's No. **1285**

FILED MAR 5 1952

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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) St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis 2249	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3309 Oregon		d. STREET ADDRESS (If rural, give location) 3309 Oregon	
3. NAME OF DECEASED (Type or Print) a. (First) Clara b. (Middle) A. c. (Last) Sandberg		4. DATE OF DEATH (Month) (Day) (Year) 2/8/52	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH July 4, 1879
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home		10b. KIND OF BUSINESS OR INDUSTRY ---	9. AGE (In years last birthday) 72 IF UNDER 1 YEAR Months Days IF UNDER 24 Hrs. Hours Mins.
11. BIRTHPLACE (State or foreign country) Memphis, Tennessee		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME John Sandberg		13b. MOTHER'S MAIDEN NAME Mary Loeffel	
14. NAME OF HUSBAND OR WIFE ---		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. ---		17. INFORMANT'S SIGNATURE OR NAME ADDRESS W. A. Sandberg--3309 Oregon	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arterio-sclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic nephritis	
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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? H221	
22. I hereby certify that I attended the deceased from Oct 1945 , to Feb 8 1952 , that I last saw the deceased alive on Feb 8, 1952 , and that death occurred at 6:00p m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Carl H. Baker M.D.		23b. ADDRESS 8353 Nebraska Ave. St. Louis 9-52	
23c. DATE SIGNED			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2/11/52	24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis, Missouri
DATE REC'D BY LOCAL REG. FEB 11 1952		REGISTRAR'S SIGNATURE Carl Smith M.D.	
25. FUNERAL DIRECTOR'S SIGNATURE Wacker-Welder		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 _____

Frank J. Gylant, Sr.

Licensed Embalmer No. *2675*

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.