

No. 300
10. 45

FILED MAR 19 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11049**

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3066 Registrar's No. 242

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirkwood</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirkwood</u>	
c. LENGTH OF STAY (in this place) <u>2 years</u>		4683	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>316 W. Washington</u>		d. STREET ADDRESS (If rural, give location) <u>316 W. Washington Ave</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>Alphonsus</u> c. (Last) <u>Sanger</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 27 1952</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>Feb. 8 1870</u>		9. AGE (In years last birthday) <u>81</u>		IF UNDER 1 YEAR Days <u>11</u> IF UNDER 4 HRS. Hours <u>19</u> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Druggist Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Drug</u>		11. BIRTHPLACE (State or foreign country) <u>Booneville Mo.</u>	
				12. CITIZEN OF WHAT COUNTRY? <u>America</u>	

13a. FATHER'S NAME <u>August Sanger</u>		13b. MOTHER'S MAIDEN NAME <u>Margaret Brengarth</u>		14. NAME OF HUSBAND OR WIFE <u>Anna T. Sanger</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>497-16-5659A</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Anna T. Sanger Kirkwood 22 Mo.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>			<u>2 days</u>	
		ANTECEDENT CAUSES			<u>5 years</u>	
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive cardiac vascular disease.</u> DUE TO (c) <u>Arteriosclerosis</u>			<u>10 years</u>	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hypertrophic prostate</u>			<u>3 years</u>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>442X</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from May 9 1950, to Jan 27 1952, that I last saw the deceased alive on Jan 26 1952, and that death occurred at 1:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Julien M. Jones M.D.</u>		23b. ADDRESS <u>Kirkwood, Mo.</u>		23c. DATE SIGNED <u>1/29/52</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>1-30-52</u>		REGISTRAR'S SIGNATURE <u>Herbert P. Domb</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Meyer-Pfitzinger Kirkwood 22 Mo.</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

4023

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 William H. Ostryer

Licensed Embalmer No. 4316

P. O. Address Highwood 22, Ill

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.