

STANDARD CERTIFICATE OF DEATH

REG. DIST. NO. 310

PRIMARY REG. DIST. NO. 3058

Registrar's No. 74

BIRTH NO. _____		REG. DIST. NO. <u>310</u>		PRIMARY REG. DIST. NO. <u>3058</u>		Registrar's No. <u>74</u>	
1. PLACE OF DEATH a. COUNTY <u>St Charles</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St Charles</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>St Charles</u>		c. LENGTH OF STAY (in this place) <u>67 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St Charles</u>		<u>0923</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Joseph Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>819 North 5th St</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Anna</u>		b. (Middle) <u>Margaret</u>		c. (Last) <u>Sander</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 10 1952</u>	
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Dec. 22 1884</u>	
9. AGE (In years last birthday) <u>67</u>		IF UNDER 1 YEAR Months <u>3</u> Days <u>19</u>		IF UNDER 6 HRS. Hours <u></u> Min. <u></u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Keeper</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (State or foreign country) <u>St Charles Mo</u>	
						12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>Wm Borchardt</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Albert Sander</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) <u>NA</u>		16. SOCIAL SECURITY NO. <u>Nil</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Albert Sander 819 No. 5th St. ST. CHARLES</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Gen. Carcinomatosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 months</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Ca Rt Breast -</u>		<u>1 yr.</u>	
		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 <u>170x</u>		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 type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____	

22. I hereby certify that I attended the deceased from 3-3-52, to 4-10-52, that I last saw the deceased alive on 4-9-52, and that death occurred at 4:30 A m., from the causes and on the date stated above.

23a. SIGNATURE <u>R. J. ...</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>1 No S. Main</u>		23c. DATE SIGNED <u>4/12/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>April 12 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lutheran Cemetery</u>	
				24d. LOCATION (City, town, or county) (State) <u>St Charles Mo</u>	

DATE REC'D BY LOCAL REG. <u>4-12-52</u>		REGISTRAR'S SIGNATURE <u>James ...</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Sam ...</u>		ADDRESS <u>St Charles Mo</u>	
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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 Frederic W. Bourne

Licensed Embalmer No. 4607

P. O. Address St Charles, 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.