

STANDARD CERTIFICATE OF DEATH

State File No. **44455**
Registrar's No. **11450**

FILED DEC 17 1953

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 Mo. 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 OR TOWN St. Louis		d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION: Lutheran Hospital		e. STREET ADDRESS (If rural, give location) 4471 Taft Ave.				
3. NAME OF DECEASED (Type or Print) a. (First) GEORGE b. (Middle) W. c. (Last) SANDER			4. DATE OF DEATH (Month) (Day) (Year) Dec. 2 1953			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 4, 1875	9. AGE (In years last birthday) 78	10. IF UNDER 1 YEAR Days 11. IF UNDER 1 HRS. Hours 12. IF UNDER 1 MIN. Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Floor Man-Prince Gardner Co.		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) / Milstadt, Ill.		
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME Adam Sander		13b. MOTHER'S MAIDEN NAME Unknown		
14. NAME OF HUSBAND OR WIFE Clara Sander		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 Clara Sander		18. ADDRESS 4471 Taft Ave.				
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.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Apoplexy ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) Senile Changes II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Operative Colitis - Rheum. endocarditis			INTERVAL BETWEEN ONSET AND DEATH 6 wks. Sw. Yrs.	
19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION None			20. AUTOPSY? YES <input checked="" 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) 334 X		
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 1940 , to 12/2/53 , 19, that I last saw the deceased alive on 12/1/53 , 19, and that death occurred at 2:30 A.M. , from the causes and on the date stated above.						
23a. SIGNATURE Walter H. Hooper M.D.		23b. ADDRESS 3108 S. Grand		23c. DATE SIGNED DEC 3 '53		
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Dec. 4, 1953		24c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park		
24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Kriegshauser				
DATE REC'D BY LOCAL REG. DEC 5 1953		REGISTRAR'S SIGNATURE J. Carl Smith M.D.		ADDRESS 4228 S. Kingshighway Bl.		

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.....
Signature of Student Embalmer

Signed *William B. White*.....

Licensed Embalmer No. *4291*.....

P. O. Address *4328 King St*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.