

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

45534

State File No.

12169

FILED JAN 19 1954

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No.

1. PLACE OF DEATH
a. COUNTY **0**
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) **ST. LOUIS**
c. LENGTH OF STAY (in this place) **26 YRS**
d. FULL NAME OF HOSPITAL OR INSTITUTION **CHRISTIAN HOSPITAL**
e. CITY OR TOWN **ST. LOUIS**
f. STREET ADDRESS (If rural, give location) **2109 3504 KOSSUTH AVE 0**
d. Residence within limits of a city or incorporated town? Yes No

3. NAME OF DECEASED
a. (First) **JOSEPH**
b. (Middle) **M.**
c. (Last) **SANDEFER**
4. DATE OF DEATH (Month) (Day) (Year) **DEC. 24, 1953**

5. SEX **M.**
6. COLOR OR RACE **W.**
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **MARRIED**
8. DATE OF BIRTH **DEC. 29, 1904**
9. AGE (In years last birthday) **48**
IF UNDER 1 YEAR: Months _____ Days _____
IF UNDER 1 HR.: Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **BUTCHER**
10b. KIND OF BUSINESS OR INDUSTRY **MEAT CUTTER**
11. BIRTHPLACE (City and State or Foreign Country) **HARDY ARKANSAS**
12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **UNK. SANDEFER**
13b. MOTHER'S MAIDEN NAME **UNKNOWN**
14. NAME OF HUSBAND OR WIFE **BEATRICE SANDEFER**

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. **489-10-7278**
17. INFORMANT'S SIGNATURE OR NAME **MRS. BEATRICE SANDEFER KOSSUTH** ADDRESS **3504**

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **My pathology of heart**
ANTECEDENT CAUSES
DUE TO (b) **Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.**
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. **Ph. Interstitial Nephritis**
INTERVAL BETWEEN ONSET AND DEATH _____

19a. DATE OF OPERATION _____
19b. MAJOR FINDINGS OF OPERATION _____
20. AUTOPSY? YES NO

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 NOT WHILE AT WORK
21f. HOW DID INJURY OCCUR **4343**

22. I hereby certify that I attended the deceased from **about one year**, 19____, to _____, 19____, and that death occurred at **4:25 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **Paul A. Demstorf**
23b. ADDRESS **8330 Fenwick St**
23c. DATE SIGNED **12/26/53**

24a. BURIAL, CREMATION, REMOVAL (Specify) **REMOVAL**
24b. DATE **12/28/53**
24c. NAME OF CEMETERY OR CREMATORY **MEMORIAL PARK CEM**
24d. LOCATION (City, town, or county) (State) **ST. LOUIS MO**

DATE REC'D BY LOCAL REG. **DEC 26 1953**
REGISTRAR'S SIGNATURE **J. Carl Smith MD**
25. FUNERAL DIRECTOR'S SIGNATURE **Suedmeyer & Son** ADDRESS **2924 N. 20 ST**
CA (Licensed Embalmer's Statement on Reverse Side)

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 *Gustav W. Dettl*

Licensed Embalmer No. *43*

P. O. Address *St. Louis*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.**