

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-009333
STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **2502**

DO NOT WRITE ON THIS STUB

AMENDED

FILED MAR 14 1963

VS 300
Rev. 4/59

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DATE AMENDED
3/14/63

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

Dorothy Lux
Dorothy Page

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF *Fun. Director*

ITEM NO. SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY St. Louis, Mo.		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Mo.		c. CITY OR TOWN Glasco Village St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Depaul Hospital		d. STREET ADDRESS (If outside, give location) 233 Ben Nevis	
3. NAME OF DECEASED (Type or print) First Middle Last Dorothy Rose Sandt			4. DATE OF DEATH Month Day Year Mar. 2, 1963
5. SEX female	6. COLOR OR RACE white	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH May 19, 1926
9. AGE (last birthday) 36		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY at home	11. BIRTHPLACE (City and state or country) St. Louis, Mo.
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME Reggie Marks	
13b. MOTHER'S MAIDEN NAME Dorothy Lux Page		14. NAME OF HUSBAND OR WIFE Richard L. Sandt	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) no none		16. SOCIAL SECURITY NO.	
17. INFORMANT Richard L. Sandt 233 Ben Nevis,		18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Generalized Metastatic Malignant Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) melanoma DUE TO (c) 1909	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Unknown		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 8/6/55 to 3/2/63 and last saw her alive on 3/2/63 Death occurred at noon on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>Franklin P. Krueger, M.D.</i>		22b. ADDRESS 10011 Bellefontaine Rd	
22c. DATE SIGNED 3/4/63		23a. BURIAL, CREMATION, REMOVAL (Specify) removal	
23b. DATE 3-5-63		23c. NAME OF CEMETERY OR CREMATORY National Cemetery	
23d. LOCATION (City, town, or county) Jeff. Btks., Mo.		24. FUNERAL DIRECTOR Southern Funeral Home	
24. ADDRESS 6322 S. Grand, St. Louis, Mo.		25. DATE RECEIVED BY LOCAL REG. MAR 4 1963	
26. REGISTRAR'S SIGNATURE <i>Paul Smith, M.D.</i>			

Sandt

Dr Knight

10011 Bellefontaine

Jul 6 PM

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 David Van Fossan

Licensed Embalmer No. 4242

P. O. Address St Louis Mo
6322 Dr Brand Ave

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.