

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

30544

1. PLACE OF DEATH

County..... Registration District No..... **791**
 Township..... Primary Registration District No..... **1009**
 City St. Louis, Mo. (No. 2931 LaSalle Street)..... St. Ward (If nonresident give city or town and State)

2. FULL NAME Helen Jansen Sanders

(a) Residence, No. 2931 LaSalle Street St. 15 Ward.....
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Nicholas Sanders

6. DATE OF BIRTH (MONTH, DAY AND YEAR) September 11, 1861

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	60	1	22	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife
 (b) General nature of industry, business, or establishment in which employed (or employer).....
 (c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN) Germany
 (STATE OR COUNTRY)

10. NAME OF FATHER Nicholas Jansen

11. BIRTHPLACE OF FATHER (CITY OR TOWN).....
 (STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER Elizabeth Poeschen

13. BIRTHPLACE OF MOTHER (CITY OR TOWN).....
 (STATE OR COUNTRY) Germany

14. INFORMANT Nicholas Sanders
 (Address) 2931 LaSalle Street

15. FILED Nov 15 1921 Max Starkoff Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) November 3 19 21

17. I HEREBY CERTIFY, That I attended deceased from Aug 30 1920, to Nov 3 1921, and that I last saw her alive on Nov 2 1921, and that death occurred, on the date stated above, at 8:15 A. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Interstitial Nephritis

131
92A (duration) 1 1/2 yrs. - mos. - ds.
 CONTRIBUTORY Renal insufficiency
 (SECONDARY) (duration) 6 mos. - ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? No DATE OF.....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Physique & Chemical finding
 (Signed) J. C. Hecker M.D.
Nov 4, 1921 (Address) Metropolitan Bldg.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL SS. Peter & Paul DATE OF BURIAL Nov. 7, 19 21.

20. UNDERTAKER Bloembergen & Son ADDRESS 316 3/4 S. Grand

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

