

**MISSOURI STATEBOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

29190

1. PLACE OF DEATH

County.....
Township.....
City..... **St. Louis**

Registration District No. **791**
Primary Registration District No. **1003**
(No. **1438 E. Grand Blvd.**)

File No.....
Registered No. **18789**
St. Ward)

2. FULL NAME Fanny Sander

(a) Residence. No. St. 9 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. da. 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 Michael Sander

6. DATE OF BIRTH (MONTH, DAY AND YEAR) not known 1845

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>abt. 82</u>				

8. OCCUPATION OF DECEASED

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

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

10. NAME OF FATHER Isador Fitch

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Saul Sander
(Address) 4178 Lafayette Ave.

15. FILED OCT -2 1927 Max Le Starckoff
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 30 - 1927

17. I HEREBY CERTIFY, That I attended deceased from Sept. 20 1927 to Sept. 30 1927 that I last saw h. a. alive on Sept. 28 1927 and that death occurred, on the date stated above, at 8 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Brown Royal pneumonia
107A

CONTRIBUTORY (SECONDARY) 100W
(duration)..... yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

8 DID AN OPERATION PRECEDE DEATH..... DATE OF.....

WAS THERE AN AUTOPSY.....

WHAT TEST CONFIRMED DIAGNOSIS.....

(Signed) Ernest Thorn M. D.
, 19 (Address) 1917 1/2 Grand

*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Interred Shel Emeth DATE OF BURIAL Oct. 2 1927

20. UNDERTAKER H. Rindskopf ADDRESS 5216 Delmar

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.

