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.

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

Do not use this space.

31740

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St Louis (No. 5275 Waterman St. ..... Ward)

File No. ..... Registered No. 9088

2. FULL NAME Anna Willard Sandau

(a) Residence. No. ..... St., 12 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: Maurice Sandau

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Aug 25 1861

7. AGE: Years 66 | Months 1 | Days 17 | If LESS than 1 day, ... hrs. or ..... min.

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) .....
(STATE OR COUNTRY) New York City

PARENTS

10. NAME OF FATHER: David Willard

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

12. MAIDEN NAME OF MOTHER: Not known

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

14. INFORMANT: Mrs. Leo Sandau
(Address) 5275 Waterman

15. FILED: OCT 13 1927 Max C Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Oct. 12 1927

17. I HEREBY CERTIFY, That I attended deceased from Aug 3, 1927, to Oct. 12, 1927, that I last saw her alive on Oct 12, 1927, and that death occurred, on the date stated above, at 12 15 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Coronary Thrombosis

94B

102

92

(duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (SECONDARY): Hypertension

(duration) several yrs. ..... 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? .....

(Signed) Albert E. Taussig, M. D

Oct 12, 1927 (Address) 3720 Washington

*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: Mt Olive Cemetery

DATE OF BURIAL: Oct. 13 1927

20. UNDERTAKER: H Rindskopf

ADDRESS: 5216 Delmar