

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

Do not use this space.

6180

MAR 26 1928

1. PLACE OF DEATH

County St. Louis Registration District No. 784 File No. _____
 Township Constance Primary Registration District No. 6030 Registered No. _____
 City Final Town, Mo. No. 4620 Edgewood Mo. St. _____ Ward _____

2. FULL NAME

Mary E. Sander
 (a) Residence No. 4620 Edgewood Mo. Ward _____
 (Usual place of abode)
 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. (If nonresident give city or town and State)

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 _____
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 26 1848
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 79 | 1 | 20
 8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Housework
 (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) Germany

PARENTS
 10. NAME OF FATHER Don't know
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Germany
 12. MAIDEN NAME OF MOTHER Don't know
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

14. INFORMANT Harry Sander at St. Charles, Mo.
 (Address)

15. FILED 2-21, 1928 O. S. Schmitt REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 20, 1928
 17. I HEREBY CERTIFY That I attended deceased from March 23, 1927 to Feb. 19, 1928 that I last saw him alive on Feb. 19, 1928, and that death occurred, on the date stated above, at 2:50 P.M.

THE CAUSE OF DEATH IS AS FOLLOWS:
Chronic Myocarditis
93C 10061
 (duration) yrs. mos. ds. _____
 CONTRIBUTORY (SECONDARY) _____
 (duration) 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? Dr. Krosskreutz H. D.
 (Signed) Feb. 20, 1928 (Address) 3601 Center St. St. Charles, Mo.
 *State the DISEASE CAUSING DEATH, if it results from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL St. Charles, Mo. DATE OF BURIAL Feb. 22, 1928

20. UNDERTAKER Jos. W. Clark ADDRESS 1125
Hodiamont

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.

