

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

Do not use this space.

35414

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City *Carnegie Hospital*

File No. **10465**

Registered No.

St. Ward)

2. FULL NAME

Otto Bernard Sandler

(a) Residence. No. *2534 Clifton* St. 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. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Single

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

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

April 24 1912

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<i>16</i>	<i>5</i>	<i>29</i>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Student 210F 210M

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Perryville Mo.

(STATE OR COUNTRY)

10. NAME OF FATHER

H. B. Sandler

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Mo.

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

Katharina Wendel

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Whiston Ill.

(STATE OR COUNTRY)

14.

INFORMANT (Address)

H. B. Sandler 2534 Clifton Av

15.

FILED *21 1928*

Mayb Starkoff

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) *Oct. 23 1928*

17. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to, 19....., and that I last saw him..... alive on, 19....., and that death occurred, on the date stated above, at *10:30 P.M.*

THE CAUSE OF DEATH* WAS AS FOLLOWS:

*Shock & lacerations
fractured skull
thrown from auto
St. Louis Mo.*

CONTRIBUTORY (SECONDARY) *Whether accidental or Criminal Not Ascertained*

18. WHERE (WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

18. DID AN OPERATION PRECEDE DEATH? DATE OF.....

18. WAS THERE AN AUTOPSY? *yes*

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) *J. W. Kerne* M.D.

10/24/28 (Address) *Dep. Coroner*

*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

DATE OF BURIAL

Ow Redeman

Oct. 26 1928

20. UNDERTAKER

ADDRESS

Thos. H. Bidman

1936 N. Louis Ave

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.

