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

Do not use this space.

17478

1. PLACE OF DEATH

County ..... Registration District No. 791 1003

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

City ..... (No. 3517a, Utah St. ..... Ward)

File No. .....

Registered No. 4551.

2. FULL NAME Albert H. Sander

(a) Residence. No. 3517a Utah St., 16 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 10, 1865

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	64	10	25	

8. OCCUPATION OF DECEASED

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

(b) General nature of industry, business, or establishment in which employed (or employer) Poultry Bruno- Franz Co.

(c) Name of employer St. Louis, Mo.

9. BIRTHPLACE (CITY OR TOWN) St. Louis
(STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER Albert E. Sander

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

12. MAIDEN NAME OF MOTHER Thersa Knaber

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

14. INFORMANT Emma Sander
(Address) 3517a Utah

15. FILED ....., 19.. Max C. Starkey REGISTRAR

2.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 5 1930

17. I HEREBY CERTIFY, That I attended deceased from Carcinoma of neck October, 1929, to May 5, 1930 that I last saw him alive on May 5, 1930, and that death occurred, on the date stated above, at 10:35 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of neck

53E
105A (duration) 1 yrs. 2 mos. — ds.

CONTRIBUTORY (SECONDARY) 49 (duration) — yrs. — mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH —

DID AN OPERATION PRECEDE DEATH? yes DATE OF Tracheotomy Feb 4, 30

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? microscopic

(Signed) Robert Mueller, M. D.

May 6, 1930 (Address) 3115 South Grand Blvd

*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
Sun Set Burial Park	May 8 1930
20. UNDERTAKER Staudt & Schmitt	ADDRESS 3732 S. Grand Blv.

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.