

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

Do not use this space.

17901
File No. 5047
Registered No. 5047
St. _____ Ward)

1. PLACE OF DEATH

County _____ Registration District No. 791
Township _____ Primary Registration District No. 100
City St. Louis, Mo. No. 4055 California

2. FULL NAME

Charles R. Sander
(a) Residence. No. 4055 California St. 15 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 Male 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) April 24-1887

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
43 0 28

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Schauffeur
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

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

10. NAME OF FATHER Wm Sander

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

12. MAIDEN NAME OF MOTHER Esther Nienow

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St. Louis, Mo.
(STATE OR COUNTRY)

14. INFORMANT Laura Sander
(Address) 4055 California Ave.

15. FILED MAY 23 1930 Wm C. Starker REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 22-1930

17. I HEREBY CERTIFY, That I attended deceased from Dec 3, 1929, to May 22, 1930, that I last saw h. him alive on May 21, 1930, and that death occurred, on the date stated above, at 5:30 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Mitral Regurgitation

131
92 A (duration) 2 yrs. _____ mos. _____ ds.

CONTRIBUTORY chronic interstitial nephritis (SECONDARY)
(duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED _____

IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS _____

(Signed) Ch. E. Starker M. D.
722, 1930 (Address) 3860 S. Broadway

*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 _____

Trinity Lutheran Church 5-26 1930

20. UNDERTAKER _____ ADDRESS _____

Ziegler Bros. 2636 Linden St.

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.

MEMORANDUM FOR THE DIRECTOR

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On 10/10/50, the following information was received from the [redacted] regarding the activities of [redacted] in the [redacted] area.

The [redacted] has been identified as a [redacted] and is currently [redacted] in the [redacted] area.

It is noted that the [redacted] has been [redacted] in the [redacted] area and is currently [redacted] in the [redacted] area.

The [redacted] has been [redacted] in the [redacted] area and is currently [redacted] in the [redacted] area.

The [redacted] has been [redacted] in the [redacted] area and is currently [redacted] in the [redacted] area.

The [redacted] has been [redacted] in the [redacted] area and is currently [redacted] in the [redacted] area.

The [redacted] has been [redacted] in the [redacted] area and is currently [redacted] in the [redacted] area.

The [redacted] has been [redacted] in the [redacted] area and is currently [redacted] in the [redacted] area.