

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

Do not use this space

41555

1. PLACE OF DEATH

County Missouri
Township St. Louis
City St. Louis (No.)

Registration District No. 791
Primary Registration District No. 1009

File No.
Registered No. 12247
St. Ward)

2. FULL NAME

Josephine L. Sander
(a) Residence No. 2535 Farrar St., 20 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 Anthony Sander

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 30 - 1868

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
62 5 29

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) St. Louis, Mo.

10. NAME OF FATHER Frank Hoelscher

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

12. MAIDEN NAME OF MOTHER Vanderwirth

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

14. INFORMANT Anthony Sander
(Address) 2535 Farrar St.

15. FILED 31 1930
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 29 1930

17. I HEREBY CERTIFY, That I attended deceased from July 1, 1929, to Dec 29, 1930.
that I last saw him alive on Dec 26, 1930, and that death occurred, on the date stated above, at 2 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

930 chronic myocarditis
1077
(duration) 1 yrs. 6 mos. ds.
CONTRIBUTORY Bronchitis Pneumonia
(SECONDARY)
(duration) yrs. mos. 10 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH Place of death

(DID AN OPERATION PRECEDE DEATH? no DATE OF X
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS usual symptoms
(Signed) William T. Hirsch, M. D.
12/30, 19 30 (Address) 3500 N Grand

*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 Calvary Cemetery DATE OF BURIAL Jan. 2, 1931

20. UNDERTAKER John A. Genteman ADDRESS 502 Durant

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.

