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.

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

Do not use this space.

10773

1. PLACE OF DEATH

County ..... Registration District No. 7911 File No. .....

Township ..... Primary Registration District No. 2003 Registered No. 2846

City St. Louis (No. 8721, Halls Ferry Rd. St. ..... Ward)

2. FULL NAME Henry Sanders

(a) Residence, No. 8721 Halls Ferry Rd. 8 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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 18, 1847

7. AGE YEARS 84 MONTHS 9 DAYS 3 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 10

FATHER

13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 11

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) .....

17. INFORMANT (ADDRESS) Albert Sander St. Charles, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE St. Charles Mo. DATE Mar. 24 1932

19. UNDERTAKER (ADDRESS) Beiderwieden Funeral Home Inc. 1726 St. Louis Ave

20. FILED 24 19 Max C. Harbey Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 21, 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug. 1, 1931, to Mar. 21, 1932

I last saw him alive on Mar. 20, 1932 Death is said to have occurred on the date stated above, at 1:40 P.m.

The principal cause of death and related causes of importance were as follows:

Aortic Insufficiency

① 92A

Date of onset

Other contributory causes of importance:

92A

Name of operation None Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) S. A. Van Hoefen, M. D.

(Address) 8313 Halls Ferry Rd. City

Hy. O. Broekmeyer - 2734 Belt.