

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

Do not use this space.

42691

**1. PLACE OF DEATH**

County..... Registration District No. 1000  
Township..... Primary Registration District No. 1000  
City..... (No. 940 Starlan Ave)

File No. ....  
Registered No. 39  
St. .... Ward)

**2. FULL NAME**

Jane Catherine Sander  
(a) Residence, No. 940 Starlan Ave, St. 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) \_\_\_\_\_

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 28, 1932

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, .....hrs. or .....min.
	—	—	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. \_\_\_\_\_  
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) St. Louis (STATE OR COUNTY) Missouri

13. NAME Louis Sander

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

15. MAIDEN NAME Catherine Hammer

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

17. INFORMANT Louis Hammer (ADDRESS) 940 Starlan Ave

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Freedom Cem. DATE Jan 2, 1933

19. UNDERTAKER Goodhart & Goodhart (ADDRESS) 2228 Hickory Ave

20. FILED JAN - 2 1933 Mix C. Barber Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 31, 1932

22. I HEREBY CERTIFY, That I attended deceased from December 28, 1932 to Dec 31, 1932

I last saw her alive on Dec 31, 1932 Death is said to have occurred on the date stated above, at 12:30 p.m.

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

Intermittent remission Date of onset 12/28/32  
161 B 161 B  
Other contributory causes of importance: (1)

Name of operation..... 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? No  
If so, specify

(Signed) W. S. Chopin, M. D.  
(Address) 8321 2nd St

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 - DEPARTMENT RECORD

