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.

34304

File No.

Registered No. 50

1. PLACE OF DEATH

County St Louis — Registration District No. 786

Township Central — Primary Registration District No. 4469

City Maplewood (No. 7479 Hazel Ave St. Ward)

2. FULL NAME Ethel Sandrock

(a) Residence, No. 7479 Hazel Ave St., 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): Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Frederick Sandrock

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March. 3. 1879

7. AGE: Years 54 — Months 7 — Days 1 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At home

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): St Louis Mo

FATHER

13. NAME: Godfrey Gloor

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Switzerland

MOTHER

15. MAIDEN NAME: Susan Henry

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Troy Mo

17. INFORMANT: Victor Sandrock
(ADDRESS) 3775 Delmar Blvd

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bellefontaine DATE Oct 7 1933

19. UNDERTAKER: Kron Lil Co
(ADDRESS) 5707 N. Grand Blvd

20. FILED Oct 6 1933 Wm. Ledbetter Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct. 4, 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 3 P. m.

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

Chr. Endo Carditis; Chr. Myocarditis, Chr. Pericarditis. — Date of onset

Other contributory causes of importance:

Aortic insufficiency, caused by sclerosis of valves. Acute and extreme dilitation of r. auricle which was solid with fibrinized blood.

Name of operation ..... Date of .....

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

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) Jos. B. Timmes 9/5/33, M. D.

(Address) 3715 Jennings Rd.

Sowers Optical Co.