

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

Do not use this space.

OCT 11 1934

34516

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City **St. Louis, Missouri** (No.), **Lutheran Hospital** (No.) St. Ward)

File No.
Registered No. **9321**

2. FULL NAME **Albert E. Sander**

(a) Residence, No. **3621 California** St. **24** Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred **76** 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 **Theresa Knabner Sander**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **December 9, 1842**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
91 9 10

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

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) **1904** 11. Total time (years) spent in this occupation **50 yrs.**

12. BIRTHPLACE (CITY OR TOWN) **Hanover, Germany**
(STATE OR COUNTRY)

13. NAME **Ernst Dietrich Sander**

14. BIRTHPLACE (CITY OR TOWN) **Germany**
(STATE OR COUNTRY)

15. MAIDEN NAME **Charlotte Griffel**

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

17. INFORMANT **Theresa Sander**
(ADDRESS) **3621 California**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Concordia Cemetery** DATE **September 22, 1934**

19. UNDERTAKER **Reiderwieser Funeral Home Inc.**
(ADDRESS) **1936 E. Taylor Ave.**

20. FILED **SEP 22 1934** **J. Bedeck**
Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Sept. 19, 1934**

22. I HEREBY CERTIFY, That I attended deceased from **August 23, 1934 to Sept. 19, 1934**

I last saw him alive on **Sept 19, 1934**. Death is said to have occurred on the date stated above, at **5:05 A.M.**

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

**Chronic Myocarditis
Hypertrophy of Prostate**

Other contributory causes of importance:

General Arterio-Sclerosis

Name of operation **Prostatic Operation 9/15/34**

What test confirmed diagnosis? **Clinical Findings** Was there an autopsy? **No**

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 **B. W. Klippel, M.D.**
(Signed)

(Address) **3772 A So. Bway.**

Date of onset

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.

Dr. B. W. 'KJ' ...
3772 = B. ...