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.

NOV 20 1934

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

Do not use this space.

1. PLACE OF DEATH

County FRANKLIN — Registration District No. 293 — File No. 35682

Township CALVEY — Primary Registration District No. 5416 — Registered No.

City ~~CATAWISSA~~ (No. ..... St. ..... Ward)

2. FULL NAME FRANK - SANDBRING

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

Length of residence in city or town where death occurred 29 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~ SELMA-SANDBRINK

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) FEB. 24, 1865

7. AGE — YEARS: 69 — MONTHS: 7 — DAYS: 18 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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 MISSOURI

FATHER

13. NAME HENRY - SANDBRINK

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

MOTHER

15. MAIDEN NAME K. ZEWIGHTY

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

17. INFORMANT (ADDRESS) Selma Sandbrink Catawissa, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Catawissa DATE 10-14 1934

19. UNDERTAKER (ADDRESS) Schuee Und. Co. Catawissa, Mo.

20. FILED 10 24 1934 F. E. Frost D.R. Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-12, 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 12, 1934, to Oct 12, 1934

I last saw him alive on Oct 12, 1934 Death is said to have occurred on the date stated above, at 5:15 m.

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

94 94A

Angina Pectoris — Date of onset: Nov/Sovere

946

Other contributory causes of importance:

Coronary Thrombosis — 10/12/34

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

What test confirmed diagnosis? Clinical 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? .....

If so, specify .....

(Signed) W. H. Hemker, M. D.

(Address) Pacific, Mo.