

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.

WAR 5-1937

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. **791**  
Township..... Primary Registration District No. **1003**  
City **St. Louis, Mo.** (No. **3621**, **California**) St. .... Ward)

File No. **8324**  
Registered No. **1776**

2. FULL NAME **Mrs. Theresa Sander**

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

Length of residence in city or town where death occurred **92 yrs. 8 mos. 27 ds.** How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <b>Female</b>	4. COLOR OR RACE <b>White</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>Widowed</b>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <b>Albert E. Sander</b>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>May 12, 1844</b>		
7. AGE YEARS <b>92</b>	MONTHS <b>8</b>	DAYS <b>27</b>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <b>Household</b>		
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) <b>Langenau, Bayern Germany</b>		
FATHER	13. NAME <b>Knabner</b>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Germany</b>	
MOTHER	15. MAIDEN NAME <b>Carlin</b>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Germany</b>	
17. INFORMANT <b>Mrs. Theresa Gast</b> (ADDRESS) <b>3621 California</b>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <b>Concordia Cemetery</b> DATE <b>Feb. 11, 1937</b>		
19. UNDERTAKER <b>Beidervieden Funeral Home, Inc.</b> (ADDRESS) <b>1956 St. Louis Ave.</b>		
20. FILED <b>FEB 10 1937</b> <b>J. Bredeck</b> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **February 8, 1937**

22. I HEREBY CERTIFY, That I attended deceased from **Sept. 22, 1926** to **Feb. 8, 1937**  
I last saw him alive on **Feb. 8, 1937** Death is said to have occurred on the date stated above, at **6:00 P.M.**  
The principal cause of death and related causes of importance were as follows:  
**Arterio-sclerotic**  
**myocardial**  
**infarction**  
Date of onset **9/2**

Other contributory causes of importance:  
**General Arterio-sclerosis**

Name of operation **None** Date of **None**  
What test confirmed diagnosis? **None** 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) **B. W. Klippel, M.D.** M. D.  
(Address) **2772 A. St. BOSTON**

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