

FEB 12 1938

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

788  
Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. **791**  
(b) Township..... Primary Registration District No. **1003**  
(c) City **ST. LOUIS MO.** (d) Street No. **5207 LOTUS AVE.** Registered No. **644**  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

**ANNA C. SANDBOTHE A-31**  
(a) Residence, No. **5207 LOTUS AVE** St. **6**  
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **FEMALE** 4. COLOR OR RACE **WHITE** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **WIDOWED**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF **STEPHEN SANDBOTHE**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **APRIL 28TH 1854**

7. AGE YEARS **83** MONTHS **8** DAYS **19** If LESS than 1 day, ..... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **HOUSE WORK**  
9. Industry or business in which work was done, as saw mill, bank, etc. **AT HOME**  
10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) **WESTPHALIA MO** (STATE OR COUNTRY)

13. NAME **HENRY TEGETHOFF**

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

15. MAIDEN NAME **CATHERINE LUEBBERS**

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

17. INFORMANT **Wm J Sandbothe** (ADDRESS) **5207 Lotus Ave.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **CALVARY** DATE **JAN. 20TH 1938**

19. FUNERAL DIRECTOR **BROCKLAND UND. CO.** (ADDRESS) **1827 HOGAN STR.**

20. FILED **JAN 19 1938** **J. Bredeck** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **JAN. 17TH 1938**

22. I HEREBY CERTIFY, that I attended deceased from **Jan 16 1938** to **Jan 17 1938**  
last saw her alive on **Jan 17 1938** Death is said to have occurred on the date stated above, at **5 P. M.**  
The principal cause of death and related causes of importance were as follows:

**Gravely Pneumonia**  
**Pulmonary Edema**  
Date of onset **1/12/38**  
**1/17/38**

Other contributory causes of importance:  
**General Hemorrhage**  
**Hypertension (Chronic)**  
**Chl. Myocarditis**  
Date of onset **1/16/38**

Name of operation..... Date of.....  
What test confirmed diagnosis **Physic Findings** 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? **Yes**  
If so, specify.....  
(Signed) **Joseph J. Scher** M. D.  
**J. J. Scher** Address.....

WHITE PLAIN... 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. Walker  
1968 Refuser

STATEMENT BY LICENSED EMBALMER

I, John B. Brockland, Licensed Embalmer No. 93.

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Me

..... L. E. ....

No. .... or by ..... Registered Apprentice No. ....

working under my personal supervision.

Signed John B. Brockland

Licensed Embalmer No. 93

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**