

REC'D JUN 9 1938

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

16911

Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 791
(b) Township 1008 Primary Registration District No. 1008 Registered No. 4772
(c) City St. Louis (d) Street No. I382 Shawmut Pl. St.
(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 Mary A. Sandofer, 591

(a) Residence, No. I382 Shawmut Pl. St. 6 (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

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 OF (OR) WIFE OF Paul J. Sandhofer
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 1, 1874
7. AGE YEARS 64 MONTHS 4 DAYS 21 If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as 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) Illinois13. NAME Martin Schoenborn14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois15. MAIDEN NAME Don't Know16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois17. INFORMANT Lawrence Sandhofer (ADDRESS) I382 Shawmut Pl.18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cem. DATE May 25/3819. FUNERAL DIRECTOR Jos. W. Clark, (ADDRESS) 1125 Hodiamont Ave.20. FILED MAY 24 1938 J. B. Brudick Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 22/38, 1922. I HEREBY CERTIFY, That I attended deceased from 1934, 19, to 5-22-1938, 19.I last saw him 91 alive on 5-22-1935, 19. Death is saidto 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:

Myocarditis acuta
caused by chronic
myocarditis
93C

Date of onset 5-27-38

Other contributory causes of importance:

Hypertension, Generalized
Atherosclerosis 1934
(earlier)

Name of operation none Date ofWhat test confirmed diagnosis? Was there an autopsy? No23. 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) J. B. Brudick, M. D.(Address) 3801 Lee Ave

Dr. J. C. McIntire
3801 Lee Ave.,
8-10 A.M.
Mu. 0965.

STATEMENT BY LICENSED EMBALMER

I, Jos. W. Clark, Licensed Embalmer No. I66I.

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 Jos. W. Clark

Licensed Embalmer No. I66I.

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.)