

REC'D MAR 13 1939

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

5097
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
(b) Township Primary Registration District No. **1003** Registered No. **1790**
(c) City **St. Louis** (d) Street No. **8622 Church Road** 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 **George A. Sander**

(a) Residence, No. **8622 Church Road** St. **8** (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 **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) **Elizabeth (Halbman) Sander**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Sept. 1, 1881**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
57 5 22

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Cabinet maker**
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) **St. Louis**

FATHER 13. NAME **Herman Sander**
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

MOTHER 15. MAIDEN NAME **Elizabeth Waeffler**
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

17. INFORMANT **Elizabeth Sander**
(ADDRESS) **8622 Church Road**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Calvary Cem.** DATE **Feb. 27 1939**

19. FUNERAL DIRECTOR (NAME) **Bromschwig Und. Co.**
(ADDRESS) **4746 W. Florissant Ave.**

20. FILED **J. B. Brueck**
FEB 24 1939 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **2-23-39**, 19 **39**

22. HEREBY CERTIFY, That I attended deceased from **Jan 2** 19 **38**, to **Feb 23**, 19 **39**
I last saw deceased alive on **Feb 22**, 19 **39**. Death is said to have occurred on the date stated above, at **9:55 a.** m.
The principal cause of death and related causes of importance were as follows:

Coronary Sigmoid. Date of onset **1/3/38**
Causing Stenosis.

Other contributory causes of importance:
Salitis Uterina

Name of operation **Colostomy** Date of **7-28-38**
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 **Yes**
(Signed) **Chas. A. Mellis** M. D.
(Address) **2739 N. Grand Blvd.**

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Cause of death information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed *Guy W. Wilkins*

Licensed Embalmer No. *3575*

P. O. Address

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.)

If this body is not embalmed, above space should be left blank.