

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

REC'D JUN 12 1939

16558  
Do not use this space.

**1. PLACE OF DEATH**

(a) County..... 2 Registration District No. 1001  
 (b) Township..... Primary Registration District No. 1003  
 (c) City..... St. Louis. Mo. / (d) Street No. 2209 Hebert St. Registered No. 4092  
 (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**

(a) Residence, No. 536 Thomas Sandrus  
2209 Hebert St. St. 20 (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 <b>Male</b>	4. COLOR OR RACE <b>White</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>Widower</b>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <b>Catherine Murray</b>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>Sept. 7 - 1867</b>		
7. AGE <b>71</b>	YEARS <b>7</b>	MONTHS <b>24</b>
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <b>Laborer</b>		11. Total time (years) spent in this occupation.....
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).....
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Ireland</b>		
13. NAME <b>Thomas Sandrus</b>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Ireland</b>		
15. MAIDEN NAME <b>Mary Noonan</b>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Ireland</b>		
17. INFORMANT (ADDRESS) <b>Little Sisters of the Poor.</b> <b>2209 Hebert St.</b>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <b>Calvary Cemetery</b> DATE <b>5/4/39</b>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <b>Central Und. Co.</b> <b>1841 Cass Ave.</b>		
20. FILED <b>MAY 9 1939</b> <i>J. B. Bruders</i> Local Registrar		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **5/1/39**, 19

22. HEREBY CERTIFY, That I attended deceased from **Jan. 15, 1939 to May 1, 1939**  
 I last saw him alive on **May 1, 1939** Death is said to have occurred on the date stated above, at **7:00 P.M.**  
 The principal cause of death and related causes of importance were as follows:  
**Chronic Myocarditis** Date of onset  
**Arteriosclerosis**  
 Other contributory causes of importance:  
**None**  
 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? **no**  
 If so, specify.....  
 (Signed) **Anthony A. Prekavak** M. D.  
 (Address) **1525a Cass Ave.**

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.

**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.....



Licensed Embalmer No. 2971.....

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.**