JUL 12 1939

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

20454
Do not use this space.

791
1003
5298

1. PLACE OF DEATH
(a) County 2
(b) Township 1
(c) or City St. Louis
Registration District No.
Primary Registration District No.
Registered No.
(d) Street No. 4622 Pope Ave. 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 50 yrs. - mos. - ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 531 Roy C. Sandberg
(a) Residence, No. 4622 Pope Ave. St. 9
(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: 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 Husband of Ellen Sandberg
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 20, 1888
7. AGE: YEARS 50 | MONTHS 11 | DAYS 22 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Bldg. Contractor
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) May 1939
11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo. 0

FATHER
13. NAME Charles Sandberg 1
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Memphis Tenn. 0

MOTHER
15. MAIDEN NAME Clara Krause
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Perry County Mo.

17. INFORMANT (ADDRESS) Mrs. Ellen Sandberg 4622 Pope Ave.
18. BURIAL, CREMATION, OR REMOVAL PLACE Freidens Cem. DATE 6/12/ 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Suedmeyer & Sons 3934 N. 20th Street.
20. FILED JUN 13 1939 J. B. Bredick Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-11, 1939
22. I HEREBY CERTIFY, That I attended deceased from 5/30/39, 19.., to 6/11/39, 19..
I last saw him alive on 6/11/39, 19.. Death is said to have occurred on the date stated above, at 1:55 A.m.
The principal cause of death and related causes of importance were as follows:
Uremic poisoning following non epidemic encephalitis
Date of onset
Other contributory causes of importance: Non epidemic Encephalitis
Name of operation ✓ Date of
What test confirmed diagnosis? ✓ 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) M. Thos. E. Walker, M.D.
(Address) 2806 N. Grand Blvd. Jefferson 4223

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, 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.

50M-9-1 X16605

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 Geo. P. Schubert, Registered Apprentice No. ....., working under my personal supervision.

Signed Geo. P. Schubert

Licensed Embalmer No. 2212

P. O. Address 5118 N. Kingshighway

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.