

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 33599  
Registrar's No. 1635

Registration District No. 784 Primary Registration District No. 103

1. PLACE OF DEATH: 2  
(a) County St. Louis  
(b) City or town (Rural) Fenton  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Yarnell Road  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days)

3. (a) PRINT FULL NAME George W. Sanger 526  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced 1  
6. (b) Name of husband or wife Lulu B. Sanger 6. (c) Age of husband or wife if alive 63 years  
7. Birth date of deceased March 23 1874  
(Month) (Day) (Year)

8. AGE: Years 65 Months 5 Days 19 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace St. Louis Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Articheet  
St. Louis School Board

11. Industry or business \_\_\_\_\_  
MOTHER FATHER { 12. Name E. Sanger 0  
13. Birthplace Germany 1  
(City, town, or county) (State or foreign country)  
14. Maiden name Emily Adletta  
15. Birthplace Cincinnati Ohio  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Deretha L. Sanger  
(b) Address 4440 Lindell St. Louis, Mo

17. (a) Buried (b) Date thereof 9-15-39  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cem

18. (a) Signature of funeral director [Signature]  
(b) Address St. Louis, Mo  
19. (a) SEP 14 1939 (b) R. Meyer  
(Date received local registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo (b) County 1  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4440 Lindell  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 12  
year 1939 hour 10 minute 30PM M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw h \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_  
Suicide by automobile gas exhaust  
gas (Carbon monoxide) 9/12/139

Due to \_\_\_\_\_  
Asphyxiation.

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death) 164

Major findings: \_\_\_\_\_ PHYSICIAN \_\_\_\_\_  
Of operations \_\_\_\_\_ Underline the cause to which death should be charged statistically.  
Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following: Suicide  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence Sept 12, 1939  
(c) Where did injury occur? Near Fenton, Mo.  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
SW Home (summer club house)

While at work? no (Specify type of place) (e) Means of injury C02 4  
23. Signature John O'Connell (M. D. or other) \_\_\_\_\_  
Address Coroner St. Louis County Date signed 9/13/39

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

*Louis H Bopp*

Registered Apprentice No.

working under my personal supervision.

Signed

*Louis H Bopp*

Licensed Embalmer No.

*921*

P. O. Address

*Kirkwood*

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

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