No. 2
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7-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 23877

Registration District No. 791 — Primary Registration District No. 1003 — Registrar's No. 6322

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 3921 McPherson Ave. 2 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether In this community 20 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County

(c) City or town St. Louis 19 (If outside city or town limits, write "RURAL")

(d) Street No. 3921 McPherson (If rural, give location)

(e) If foreign born, how long in U. S. A.? 20 Years years.

3. (a) PRINT FULL NAME Margareta Zander 536

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex F.

5. Color or race W.

6. (a) Single, widowed, married, divorced W.

6. (b) Name of husband or wife Alexander Zander

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Nov. 18, 1880 (Month) (Day) (Year)

8. AGE: Years 59 | Months 8 | Days 8 | If less than one day hr. min.

9. Birthplace (City, town, or county) Germany 1 (State or foreign country)

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name Adam Kenghardt
13. Birthplace (City, town, or county) Germany 6 (State or foreign country)

MOTHER
14. Maiden name Barbara Hoffmann
15. Birthplace (City, town, or county) Germany 6 (State or foreign country)

16. (a) Informant Mrs. John R. Wrape
(b) Address 3921 McPherson Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-29-1940 (Month) (Day) (Year)
(c) Place: burial or cremation St. Paul Churchyard

18. (a) Signature of funeral director Arthur J. Donnelly
(b) Address 3840 Lindell Blvd.

19. (a) JUL 28 1940 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 26th., year 1940 hour 6 minute 35 p. M.

21. I hereby certify that I attended the deceased from June 1st, 1939 to July 26, 1940 that I last saw her alive on July 26, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Sarcoma — Duration 1 year

Due to Pelic-Bones

Due to None

Other conditions (Include pregnancy within 3 months of death) 53

Major findings:
Of operations
Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature Joseph C. Schafer (M. D. or other)
Address 901 University Club Date signed 7/27/40

(Licensed Embalmer's Statement on Reverse Side)

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 W H Van Matre

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

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

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