

FILED MAR 25 1941 791

Registration District No. \_\_\_\_\_ Primary Registration District No. **1003**

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:  
**16615 MINNESOTA. AV**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
years, months or days)

3. (a) PRINT FULL NAME **ALYNA SANDERS**

3. (b) If veteran, name war **NO** 3. (c) Social Security No. **NO**

4. Sex **FEMALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **MARRIED**

6. (b) Name of husband or wife **JAMES** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **Oct. 8 - 1864**  
(Month) (Day) (Year)

8. AGE: Years **77** Months **3** Days **24** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **RED BUD** **ILL.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **HOUSEWIFE**

11. Industry or business **HOME**

12. Name **FREDRICH LOHRINC**

13. Birthplace **GERM**  
(City, town, or county) (State or foreign country)

14. Maiden name **DORA BURG DORA**

15. Birthplace **GERM**  
(City, town, or county) (State or foreign country)

16. (a) Informant **R. J. Wood**

(b) Address **6615 MINNESOTA AV.**

17. (a) **BURIAL** (b) Date thereof \_\_\_\_\_ (Month) (Day) (Year)  
(Burial, cremation, or removal)

(c) Place: burial or cremation **CONCORDIA CEM.**

18. (a) Signature of funeral director **J. P. Finkel**

(b) Address **7128 Michigan**

19. (a) **FEB 3 1941** (b) **J. W. Medbeck**  
(Received by Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO** (b) County \_\_\_\_\_  
(c) City or town **ST. LOUIS**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **6615 MINNESOTA AV.**  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? **0** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **FEB** day **1**  
year **1941** hour **11** minute **20** M.

21. I hereby certify that I attended the deceased from **April 1940**  
19\_\_\_\_ to **Feb 1**, 1941;  
that I last saw h. **a** alive on **Feb 1**, 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death **Laceration of right foot**

Due to **Diabetes** ?

Due to **Arterio-sclerosis** ?

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

Major findings: **Arterio-sclerosis**

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature **Durand Benjamin** (M. D. or other) **MD**

Address **7408 Michigan Ave** Date signed **2/24/41**

Duration **6 weeks**  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

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

**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 Harry J. Schumacher

Licensed Embalmer No. 2679

P. O. Address 732 Lemay

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.