

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 3098

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: 2941 W. Hebert
(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 JOHN H. SANDBOTHE

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

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

6. (b) Name of husband or wife FRANCES SANDBOTHE 6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased MAY 21 1860
(Month) (Day) (Year)

8. AGE:		Years	Months	Days	If less than one day
		<u>80</u>	<u>11</u>	<u>14</u>	hr. min.

9. Birthplace ST. LOUIS MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation WELDER

11. Industry or business.....

12. Name JOHN SANDBOTHE

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

14. Maiden name EUPHENIA HELLMICH

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

16. (a) Informant BERNARD SANDBOTHE

(b) Address 2541 W. HEBERT

17. (a) Burial (b) Date thereof 4 10 '41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY

18. (a) Signature of funeral director Thos. Beckman

(b) Address 3039 Patton Ave

19. (a) APR - 0 1941 (b) J. W. Bredek
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State MISSOURI (b) County..... 1720

(c) City or town..... ST. LOUIS
(If outside city or town limits, write "RURAL")

(d) Street No. 2541 W. HEBERT
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 7
year 1941 hour 11 minute 20 P. M.

21. I hereby certify that I attended the deceased from Oct 7-1938, 19... to April 7, 19...
that I last saw him alive on April 7-1941, 19...
and that death occurred on the day and hour stated above.

Immediate cause of death Chronic myocarditis

Due to.....

Due to.....

Other conditions Abdominal aortic
(Includes pregnancy within 3 months of death)

Major findings: Of operations none Of autopsies none

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) no

(b) Date of occurrence.....

(c) Where did injury occur? none
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
no injury

While at work? none (Specify type of place) (e) Means of injury none

23. Signature Dr. J. W. Bredek (M. D. or other)

Address 2743 W. Grand Date signed 7/9/41

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.....

John J. Lett

Licensed Embalmer No. 3880

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, fact should be so stated above.