

1. PLACE OF DEATH:

(a) County St. Charles
 (b) City or town St. Charles
 (c) Name of hospital or institution: St. Joseph's Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 week
 In this community _____
 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Charles
 (c) City or town St. Charles
 (d) Street No. 321 Lindenwood
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME HENRY FREDERICK SANDER

(b) If veteran, name war _____ (c) Social Security No. NONE

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

(b) Name of husband or wife Maria Halder (c) Age of husband or wife if alive _____ years

7. Birth date of deceased February 17 1860
 (Month) (Day) (Year)

8. AGE: Years 81 Months 5 Days 6 If less than one day hr. _____ min.

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

10. Usual occupation Retired

11. Industry or business _____

MOTHER FATHER { 12. Name Henry Sander
 13. Birthplace Not Known
 14. Maiden name Maria Blidenwood
 15. Birthplace Not Known

16. (a) Informant Herman Marentmann
 (b) Address St. Charles, Mo

17. (a) Burial (b) Date thereof July 25, 1941
 (c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Schumacher Mfg. Co
 (b) Address 3013 Meramec St. Louis, MO

19. (a) 7-24-41 (b) Clarence S. Meiser
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 23
 year 1941 hour 1 minute 45 A. M.

21. I hereby certify that I attended the deceased from June 22 1941 to July 23 1941
 that I last saw him alive on July 22 1941
 and that death occurred on the date and hour stated above.

Immediate cause of death uraemia

Due to hypertrophy prostate 1 yr

Due to chronic nephritis

Other conditions 1316
 (Include pregnancy within 3 months of death)

Major findings:
 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? _____
 (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 Vincent A. Schneider (M. D. or other) MD
 Address St. Charles, Mo Date signed 7/23/41

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 F. N. Archambault

Licensed Embalmer No. 2906

P. O. Address St. Louis MO

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.