

DEC 22 1941

Registration District No. 91

Primary Registration District No. 1003

Registrar's No. 8879

1. PLACE OF DEATH:

(a) County St. Louis, Mo.
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4416 W. Florissant Ave. /
(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 Frances Sanders

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

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

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

7. Birth date of deceased Oct. 29, 1866
(Month) (Day) (Year)

8. AGE: Years 75 Months 0 Days 9 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housework

11. Industry or business _____

MOTHER FATHER { 12. Name George Sanders

13. Birthplace Germany 4
(City, town, or county) (State or foreign country)

14. Maiden name Aderlaide Koesters 4

15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Minnie Heidberger

(b) Address 4416 N. Florissant

17. (a) Burial (b) Date thereof Nov. 10th
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Wormsberg and Co

(b) Address 424 Florissant

19. (a) NOV 9 1941 (b) J. F. Brunck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 19
(c) City or town St. Louis
(If outside city or town limits, write "RURAL.") 9 9
(d) Street No. 4416 N. Florissant
(If rural, give location) 0
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 7
year 1941 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from Oct 9-14
_____ to _____ 1941
that I last saw him alive on Nov 7
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Valvular
Heart Disease
(arterial)
Due to _____
Due to _____

Duration

4 yrs

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

Major findings: 92
Of operations _____

Of autopsy 92

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? _____

While at work? _____ (Specify type of place) (Means of injury) 5

23. Signature F. J. Keller (M. D. or other) 5
Address 4416 N. Florissant Date signed 11/8/41

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

0909

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

E. W. Wilkerson

Licensed Embalmer No.....

3575

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.