7. S. No. 2
M—9-4-41
ev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 4894

FILED MAR 17 1942

Registration District No. 7901 Primary Registration District No. 1003 Registrar's No. 1101

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: 317 De Balivere
(If not in hospital or institution, write street number or location)

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

In this community 6 mo.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

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

(d) Street No. 317 De Balivere
(If rural, give location)

(e) Citizen of foreign country? Refugee (Yes or No)

If yes, name country Germany

3. (a) PRINT FULL NAME Jacob Sanger

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife Minna Sanger

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

7. Birth date of deceased Nov. (Month) 8 (Day) 1861 (Year)

8. AGE: Years 80 Months 2 Days 25 If less than one day hr. min.

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

10. Usual occupation Cattle dealer

11. Industry or business Unemployed

FATHER
12. Name Moses Sanger
13. Birthplace (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Sophie (unk)
15. Birthplace (City, town, or county) Germany (State or foreign country)

16. (a) Informant Mrs. Minna Sanger
(b) Address 317 De Balivere

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 2/4/42 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Olive Heb.

18. (a) Signature of funeral director Berger Memorial
(b) Address 4715 McPherson

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. 3 day
year 1942 hour 9 p.m. minute M.

21. I hereby certify that I attended the deceased from Sept 41, 19, to Feb. 1942, that I last saw him alive on Feb. 2 1942, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Old age	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) Fungus infection of glands of neck	
Major findings: Of operations (Non-malignant cause unknown)	
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 Knox Manchester (M. D. or other)

Address 462 N. Vandeventer Date signed 2/9/42

(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.....

Licensed Embalmer No. 1597

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.