

5. No. 2
9-4-41
5-17-39
I X2948

FILED MAR 20 1943
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

11525

State File No. 1
Registrar's No. ~~40-20~~ 536

Registration District No. 182

Primary Registration District No. 200

1. PLACE OF DEATH:
(a) County... St. Louis
(b) City or town... Lemay
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Mt. St. Rose
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution... 3 weeks
(Specify whether
In this community... life
years, months or days)

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. 5612 Finkman
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country...

3. (a) PRINT FULL NAME... George P. Sanftleben
(b) If veteran, name war... World War
(c) Social Security No. 490-05-1695

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 2
year 1943 hour 5 minute P. M.

4. Sex... male race... white
5. Color or race... white
6. (a) Single, widowed, married, divorced... married
6. (b) Name of husband or wife... Clara
6. (c) Age of husband or wife if alive... 47 years

21. I hereby certify that I attended the deceased from
Jan. 5th 1943, to March 2nd. 1943
that I last saw him alive on Mar. 2nd. 1943
and that death occurred on the date and hour stated above.

7. Birth date of deceased... September 26 1888
(Month) (Day) (Year)
8. AGE: Years Months Days If less than one day
54 6 6 hr. min.

Immediate cause of death... Pulmonary Tuberculosis
Duration ?

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

Due to...
Due to...
Other conditions (include pregnancy within 3 months of death)
PHYSICIAN
Underline the cause to which death should be charged statistically.

10. Usual occupation... Salesman

11. Industry or business... Printing

MOTHER FATHER {
12. Name... G. Leon Sanftleben
13. Birthplace... Germany
(City, town, or county) (State or foreign country)
14. Maiden name... Marie Sanftleben
15. Birthplace... Germany
(City, town, or county) (State or foreign country)

16. (a) Informant... Clara Sanftleben
(b) Address... 5612 Finkman

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof... 3-5-43
(Month) (Day) (Year)

(c) Place: burial or cremation... Sunset Burial Park

18. (a) Signature of funeral director... John K. Ziegenhain & Sons
(b) Address... 7027 Gravois

19. MAR 6 1943 (Date received local registrar) (b) [Signature] (Registrar's signature)

Major findings: Of operations...
Of autopsy... 1361

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) (c) Means of injury...
23. Signature... [Signature] (M. D. or other)
Address... 1319 So. Broadway Date, signed... 3/4/43

(Licensed Embalmer's Statement on Reverse Side) Frank D. Smith

006
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAR 22 1943

APR 11 1945

MAR 27 1945

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. A. Kidwell

Licensed Embalmer No. 3877

P. O. Address: 7027 Havana

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.

EMBI