S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 24 1943

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 23445

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6329

**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: 1012 ARMSTRONG AV.
(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)

**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. 1012 ARMSTRONG AV.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME DOROTHEA SANDERS.

3. (b) If veteran, name war NO

3. (c) Social Security No. NO

4. Sex FEMALE

5. Color or race WHITE

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

6. (b) Name of husband or wife THEODORE SANDERS

6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased JULY (Month) 6 (Day) 1873 (Year)

8. AGE: Years 70 Months 0 Days 4 If less than one day hr. min.

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

10. Usual occupation HOUSEKEEPER.

11. Industry or business OWN

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

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

16. (a) Informant Mrs Florence Knowles
(b) Address 2137 S. JEFFERSON AV.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JULY 13-43 (Month) (Day) (Year)
(c) Place: burial or cremation VALHALLA CEM.

18. (a) Signature of funeral director E. J. Schmitt.
(b) Address 3125 Lafayette Av.

19. (a) JUL 13 1943 (Date received local registrar) (b) J. F. Budesch (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month July day 10 year 1943 hour 10 minute 35 AM.

21. I hereby certify that I attended the deceased from 6/22 43 to July 10 1943 that I last saw her alive on July 9 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) Chronic Nephritis

Major findings:
Of operations
Of autopsy

Duration

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) (e) Means of injury

23. Signature Otto C. Hauser (M. D. or other)
Address 3157 Pope Av. Date signed July 12 1943

(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 Jos B Vollmer

Licensed Embalmer No. 4014

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.**