

LED JUL 31 1943
Registration District No. 577

Primary Registration District No. 6076

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Manchester
(c) Name of hospital or institution Manchester Nursing Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 year
In this community 1 year
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Franklin
(c) City or town Pacific
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A. 1 years.

3. (a) PRINT FULL NAME CRIST WILLIAM SANKER
8. (b) If veteran, name war no 8. (c) Social Security No. none

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 22
year 1943 hour 9 minute 30A M.

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Neelie Sanker 6. (c) Age of husband or wife if alive 4 years
7. Birth date of deceased July 28 1896
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 1-1-43 to 7-22, 1943, that I last saw him alive on 7-22, 1943, and that death occurred on the date and hour stated above.

8. AGE: Years 46 Months 11 Days 24 If less than one day hr. _____ min. _____

Immediate cause of death Chc Myocarditis & sudden failure
Due to Paroxysm

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

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

10. Usual occupation Farmer

Major findings: Of operations 30h
Of autopsy _____

11. Industry or business Farmer of Missouri
12. Name Rudolph Sanker
18. Birthplace Mo (City, town, or county) (State or foreign country)
14. Maiden name Catherine Bergler
15. Birthplace Mo (City, town, or county) (State or foreign country)

16. (a) Informant's own signature E. Sander
(b) Address Pacific Mo

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? _____

17. (a) Burial (b) Date thereof 7/24/43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Western Mo

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

18. (a) Signature of funeral director W. J. Dierker
(b) Address Pacific Mo

23. Signature C. H. Denny (M. D. or other) MD
Address Cleve, Mo Date signed 7-23-43

19. (a) 1943 (b) W. J. Dierker
(Date received local registrar) (Registrar's signature)

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

PHYSICIAN
Underline the cause to which death should be charged statistically.

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.....

Geo. L. Shields

Licensed Embalmer No. *3008*

P. O. Address..... *Pacific 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, above space should be left blank.