

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

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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

22565

FILED JUL 1 1944

State File No. ....

Registration District No. 3144

Primary Registration District No. 3063

Registrar's No. 1386

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Clayton  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Louis County Hospital  
(If not in hospital or institution, write street number or location)

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

In this community Three years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis <sup>96</sup>

(c) City or town Ballwin <sup>0</sup>  
(If outside city or town limits, write "RURAL")

(d) Street No. Pine Crest Nursing Home  
(If rural, give location)

(e) Citizen of foreign country? 1 (Yes or No)  
If yes, name country: 1

3. (a) PRINT FULL NAME Carl Sandboe

3. (b) If veteran, name war: \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex M <sup>19</sup> S. Color or race W 6. (a) Single, widowed, married, divorced S U

6. (b) Name of husband or wife: \_\_\_\_\_ 6. (c) Age of husband or wife if alive: \_\_\_\_\_ years

7. Birth date of deceased: August 26 1874  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

69 ? 10 514 — hr. — min.

9. Birthplace: Mass <sup>1</sup>  
(City, town, or county) (State or foreign country)

10. Usual occupation: \_\_\_\_\_

11. Industry or business: \_\_\_\_\_

MOTHER FATHER { 12. Name Carl Sandboe

13. Birthplace Detroit Mich. <sup>1</sup>  
(City, town or county) (State or foreign country)

14. Maiden name Johanna Radfield

15. Birthplace Valley Park Mo. <sup>0</sup>  
(City, town, or county) (State or foreign country)

16. (a) Informant Self

(b) Address Ballwin mo

17. (a) Burial (b) Date thereof 6/26/44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Cem.

18. (a) Signature of funeral director Mittelberg Fun. Home

(b) Address Webster Grange (19) mo.

19. (a) JUN 28 1944 (b) E. J. McSherran M.D.  
(Received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 25  
year 1944 hour 5 minute 30 A. M.

21. I hereby certify that I attended the deceased from June 17, 1944 to June 25, 1944  
that I last saw him alive on June 25, 1944,  
and that death occurred on the date and hour stated above.

Immediate cause of death: Respiratory & Cardiac failure <sup>Durgition</sup>

Due to Stenosis due to carcinoma of esophagus

Due to metastasis to liver & transverse colon  
stone in the common duct

Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_

Of operations: 46

Of autopsy: as above

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)  
(c) Means of injury \_\_\_\_\_

23. Signature James ... (S. B. or O. B. No. \_\_\_\_\_)  
Address St. Louis Co. Hospital signed 6-26-44

**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. ....

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.**