S. No. 2
OM—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 22 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36361

Registration District No. 318 | Primary Registration District No. | Registrar's No. 9596

1. PLACE OF DEATH:

(a) County: ST. LOUIS
(b) City or town: MO.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ENROUTE DE PAUL HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: — (Specify whether
In this community: LIFE
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: MISSOURI. (b) County: Mrs 6
(c) City or town: ST. LOUIS. 17
(If outside city or town limits, write "RURAL")
(d) Street No.: 5207 LOTUS AV. 1
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country: NONE

3. (a) PRINT FULL NAME: STEPHEN C. SANDBOTHE

3. (b) If veteran, name war: NONE

3. (c) Social Security No.: NONE

4. Sex: MALE

5. Color or race: WHITE

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

6. (b) Name of husband or wife: —

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

7. Birth date of deceased: AUGUST (Month) 15TH. (Day) 1880 (Year)

8. AGE: Years 64 | Months 2 | Days 26 | If less than one day — hr. — min.

9. Birthplace: ST. LOUIS (City, town, or county) MO. (State or foreign country)

10. Usual occupation: RETIRED.

11. Industry or business: PUNCH-PRESS OPERATOR

FATHER
12. Name: STEPHEN J. SANDBOTHE
13. Birthplace: GERMANY. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: ANNA C. TEGETHOFF
15. Birthplace: WESTPHALIA (City, town, or county) MO (State or foreign country)

16. (a) Informant: Anna C. Sandbothe
(b) Address: 5207 Lotus Av.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: NOV. 14 = 44 (Month) (Day) (Year)
(c) Place: burial or cremation: CALVARY CEM.

18. (a) Signature of funeral director: Brockland Und. Co.
(b) Address: 1827 HOGAN STR.

19. (a) NOV 15 1944 (Date received local registrar) (b) J. J. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 11 year 1944 hour 11 45 minute A. M.

21. I hereby certify that I attended the deceased from Nov 11, 1944 to Nov 11, 1944 that I last saw him alive on Nov. 9, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death: Congestive Enterocolitis R/T Hypertrophy
Due to: Ch. Hypertension
Due to: Heart disease
Due to: Ch. Nephrosclerosis with decompensation

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

Major findings: Of operations:

Of autopsy:

Duration: Immediate, Chronic, Chronic

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: Eugene L. Tellso (M. D. or other)
Address: 4967 Delmar Date signed: 11/11/44

(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.....

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.