

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

FILED JAN 20 1945
518

State File No. _____

Registration District No. _____

Primary Registration District No. 1003

Registrar's No. 90

1. PLACE OF DEATH:

(a) County _____

(b) City or town St. Louis mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Riddle sisters of the Poor
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9 1/2
(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. 3400 So Grand
(If rural, give location)

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

3. (a) PRINT FULL NAME HENRY SANDY

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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 JAN. 1. 1857
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 23 year 1945 hour 2 minute 0 M.

21. I hereby certify that I attended the deceased from 1 to Jan 31 and that death occurred on the date and hour stated above.

8. AGE: Years 88 Months 0 Days 2 If less than one day _____ hr. _____ min.

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

10. Usual occupation odd jobs

11. Industry or business Samuel Sandy

12. Name Dont Know

13. Birthplace Miona Hiester
(City, town, or county) (State or foreign country)

14. Maiden name Dont Know

15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant Sister Bernadetta
(b) Address 3400 So Grand

17. (a) Burial (b) Date thereof 1/4/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St Peter's Paul Cem

18. (a) Signature of funeral director Helken - Beng
(b) Address 2842 Mercedes St

19. (a) JAN 5 1945 (b) J. F. Brueck
(Date received local registrar's signature) (Registrar's signature)

Immediate cause of death: Arterio-sclerosis
general

Due to _____

Due to _____

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

Major findings:
Of operations _____

Of autopsy _____

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 [Signature] M. D. or other _____
Address 607 N Grand Date signed 1/23/45

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JAN 5 1945

Emb separate cert to be filed

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.