No. 2
M—2-43
5-17-39
I X35697

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

3856

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 8 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 4835

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 67

1. PLACE OF DEATH:

(a) County Cape Girardeau

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

(c) Name of hospital or institution: St Francis Hosp. O (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 wks (Specify whether

In this community 4 wks. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Scott 18

(c) City or town Illmo 3 (If outside city or town limits, write "RURAL")

(d) Street No. 0 (If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME Delia Sander

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex female

5. Color or race White

6. (a) Single, widowed, married, divorced Widow 2

6. (b) Name of husband or wife Adam Sander.

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

7. Birth date of deceased Mar (Month) 28 (Day) 1870 (Year)

8. AGE: Years 75 Months 10 Days 19 If less than one day ___ hr. ___ min.

9. Birthplace Near Forfeht Scott Co (City, town, or county) Mo (State or foreign country)

10. Usual occupation House Keeper.

11. Industry or business None

FATHER
12. Name Andrew Ueksman
13. Birthplace — (City, town, or county) Germany 4 (State or foreign country)

MOTHER
14. Maiden name Conradina Sander
15. Birthplace — (City, town, or county) Germany 4 (State or foreign country)

16. (a) Informant Mrs. G T Dorris

(b) Address Illmo, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-20-46 (Month) (Day) (Year)

(c) Place: burial or cremation Pheasant Grove Stoddard Co Mo

18. (a) Signature of funeral director Bisplinghoff Funeral Home

(b) Address Illmo, Mo

19. (a) 2-22-1946 (Date received local registrar) (b) C. C. Summers (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 17 year 1946 hour 7 minute 35 P.M.

21. I hereby certify that I attended the deceased from 1/20, 1946, to 2/17, 1946 that I last saw her alive on 2/17, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Thrombo-Angitis-Obliterans	6 months
Due to	
Due to ✓	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations ✓
Of autopsy ✓

99.2

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 [illegible] (M. D. or other) M.D.

Address Cape Girardeau Mo Date signed 2/17/46

44

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

File Number 346-1796

3-6-46

APR 1 1946

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 Mamie Bieplenghoff

Licensed Embalmer No. 32 42

P. O. Address Chaffee, 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.