

**FILED** MAY 17 1946  
Registration District No. **318**

**STANDARD CERTIFICATE OF DEATH**  
Primary Registration District No. **1003**

State File No. **18853**  
Registrar's No. **4162**

**1. PLACE OF DEATH:**

(a) County.....

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

(c) Name of hospital or institution:  
**City Hospital #1**  
(If not in hospital or institution, write street number or location)

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

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

**3. (a) PRINT FULL NAME** **William Sandman**

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 **Married**

6. (b) Name of husband or wife **Matalida Sandman**

6. (c) Age of husband or wife if alive **77** years

7. Birth date of deceased **February 26 1870**  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
<b>76</b>	<b>2</b>	<b>10</b>	hr. min.

9. Birthplace **Germany**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Carpenter**

11. Industry or business **Self**

**MOTHER FATHER**

12. Name **August Sandman**

13. Birthplace **Germany**  
(City, town, or county) (State or foreign country)

14. Maiden name **Marie Reakman**

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

16. (a) Informant **Matalida Sandman**

(b) Address **3240 Texas Av**

17. (a) **Burial** (b) Date thereof **5-8-46**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Sunset Burial Park**

18. (a) Signature of funeral director **Ziegler Bros.**

(b) Address **6409 Gravois Av**

19. (a) **MAY 8 1946** (Date received local registrar)

**G. F. Bredeck** (Registrar's signature)

**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. **3240 Texas Ave**  
(If rural, give location)

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

If yes, name country.....

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month **6th** day **May**  
year **1946** hour **6:30** minute **P.** M.

**21. I hereby certify that I attended the deceased from**  
**May 4** 19**46** to **May 6** 19**46**  
that I last saw him alive on **May 6** 19**46**  
and that death occurred on the date and hour stated above.

Immediate cause of death.....  
**Chronic Parenchymatous Nephritis**  
**Arteriosclerosis**

Due to.....

Due to **Hypertension**  
**CH Myocarditis**

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

Major findings:  
Of operations.....

Of autopsy.....

Duration.....

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 **L. E. Koeller** (M. D. or other)

Address **3537 S. Jefferson** Date signed **5/7/46**

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

17701

RECEIVED  
MAY 19 1950  
STATE OF CALIFORNIA

3537  
Dr Mueller  
J. J. Jeffers

OF 2 27  
1950

**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 Horner H. Fritz

Licensed Embalmer No. 3882

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.**