

57224

S. No. 2
M-2-43
5-17-39DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSSTATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **18854**
Registrar's No. **4262****FILED MAY 27 1946**
Registration District No. **318**Primary Registration District No. **1003**

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: St. Louis City Hospital
Max C. Starkloff Memorial
 (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 CARL SANDT

3. (b) If veteran, name war None
 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 Erna Sandt
 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased December 13, 1889
 (Month) (Day) (Year)

8. AGE: Years 56 Months 4 Days 24
25 If less than one day _____ hr. _____ min.

9. Birthplace East Prussia
 (City, town, or county) (State or foreign country)

10. Usual occupation Collector

11. Industry or business _____

12. Name Unknown
 13. Birthplace East Prussia
 (City, town, or county) (State or foreign country)

14. Maiden name Unknown
 15. Birthplace East Prussia
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Erna Sandt(b) Address 5419 Idaho

17. (a) Burial (b) Date thereof 5-11-46
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Southern Funeral Home
6322 S. Grand Blvd.

18. (a) Signature of funeral director _____
 (b) Address MAY 11 1946

19. (a) _____ (b) Jr. F. Bradeck
 (Date received local registrar) (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. 5419 Idaho
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 7
 year 1946 hour 9:10 minute _____ P. M.

21. I hereby certify that I attended the deceased from April 28
1946 to May 7 1946
 that I last saw him alive on May 7
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage
 Duration _____

Due to Hypertension

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?

(Specify type of place) _____
 While at work _____ (e) Means of injury _____
 23. Signature Robert E. Keck
 Address 1515 Lafayette Avenue Date signed 5/8/46

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

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.....

James Binkley

Licensed Embalmer No.....

3653

P. O. Address.....

St. Louis, 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.