No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED SEP 24 1946

State File No. 31322

Registration District No. 377 Primary Registration District No. 3069 Registrar's No. 1884

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

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Richmond Heights
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Marys Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3-days (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96
(c) City or town Creve Coeur
(If outside city or town limits, write "RURAL")
(d) Street No. Olive Street Road
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Emil J. Sandoz Sr.
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Christine
6. (c) Age of husband or wife if alive 72 years
7. Birth date of deceased Apr. (Month) 26 (Day) 1874 (Year)

8. AGE: Years	Months	Days	If less than one day
72	4	15	hr. min.

9. Birthplace Creve Coeur (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Retired farmer
11. Industry or business
FATHER
12. Name Henry Sandoz
13. Birthplace Switzerland (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Elizabeth Neff
15. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)
16. (a) Informant Christine Sandoz
(b) Address Creve Ceour, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-14-46 (Month) (Day) (Year)
(c) Place: burial or cremation St. Pauls Ev. Cem
18. (a) Signature of funeral director Baumann Bros Inc.
(b) Address 2504 Woodson Rd - Overland, Mo.
19. (a) 9-14-46 (Date received local registrar) (b) Ruth J. Allen MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 10 year 1946 hour 10 minute 30 P M.
21. I hereby certify that I attended the deceased from Sept 7, 1946 to Sept 10, 1946 that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Occlusion	
Due to 94	
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 Royal C. McLean MD (M.D. or other)
Address Kirkwood Mo Date signed 9/12/46

(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 Oscar F. Mueller

Licensed Embalmer No. 3039

P. O. Address Overland 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.