

No. 2
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X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
U.S. STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

35565
8702

State File No.
Registrar's No.

Registration District No. 318 Primary Registration District No.

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution: 4896 San Francisco
(d) Length of stay: In hospital or institution
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St. Louis
(d) Street No. 4896 San Francisco
(e) Citizen of foreign country? No
If yes, name country

3. (a) PRINT FULL NAME Bertha L. Sanders
(b) If veteran, name war No
(c) Social Security No. None
(d) Sex Female
(e) Color or race White
(f) (a) Single, widowed, married, divorced Married
(g) (b) Name of husband or wife Walter F. Sanders
(h) (c) Age of husband or wife if alive 59 years
(i) Birth date of deceased November 30, 1888

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Oct. day 8
year 1946 hour 1:55 minute P. M.
21. I hereby certify that I attended the deceased from Oct. 7 to Oct. 8, 1946
that I last saw her alive on Oct. 8, 1946
and that death occurred on the date and hour stated above.

8. AGE: Years 57 Months 10 Days 8
If less than one day hr. min.

Immediate cause of death Cerebral hemorrhage, massive, left
Due to Hypertensive cardio-vascular disease
Duration 1 day
Many years.

9. Birthplace Pierron, Ill.
10. Usual occupation House Wife
11. Industry or business
12. Name Charles Sockart
13. Birthplace Highland, Ill.
14. Maiden name Juliana Knabel
15. Birthplace Pierron, Ill.

Other conditions
Major findings: Of operations
Of autopsy
PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant Walter F. Sanders
(b) Address 4896 San Francisco
17. (a) Burial Calvary Cemetery
(b) Date thereof Oct. 11 '46
(c) Place: burial or cremation Bromschwig and Son Funeral Home
18. (a) Signature of funeral director
(b) Address 1746 W. Florissant Ave.
19. (a) OCT 10 1946 J. F. Bredeck
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
(c) Accident, suicide, or homicide (specify)
(d) Date of occurrence
(e) Where did injury occur?
(f) Did injury occur in or about home, on farm, in industrial place, in public place?
23. Signature While at work? Means of injury
Date signed Oct. 9, 1946

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

DR. ECK JR.
4701 St. Louis Ave.

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..... *J. W. Wilkins*.....
Licensed Embalmer No. 3575.....

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.