V. S. No. 2
50M—1/47
Rev. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26012

FILED AUG 8 1947

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7062

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

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: 3958a ASHLAND AVE
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. ~~XXXXX~~ LOUIS (b) County 000

(c) City or town SAINT LOUIS 17
(If outside city or town limits, write "RURAL")

(d) Street No. 3958a ASHLAND AVENUE 9
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No) 10

If yes, name country

3. (a) PRINT FULL NAME AUGUSTA SANDBOTHE

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 WIDOWED

6. (b) Name of husband or wife LATE FRANK SANDBOTHE

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

7. Birth date of deceased MARCH 6th, 1863
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	84	4	222	hr. min.

9. Birthplace GERMANY 4
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business

FATHER
12. Name NIEMANN
13. Birthplace GERMANY 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name UNKNOWN
15. Birthplace GERMANY 4
(City, town, or county) (State or foreign country)

16. (a) Informant AUGUSTA GEITZ
(b) Address 4615 SHIRLEY PLACE

17. (a) BURIAL (b) Date thereof 7-31-47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation CALVARY CEMETERY

18. (a) Signature of funeral director CALVIN F. FEUTZ
(b) Address 4828 NATURAL BRIDGE BLVD.

19. (a) JUL 30 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 28th
year 1947 hour 11X minute 30 A.M.

21. I hereby certify that I attended the deceased from July 1, 1947 to July 28, 1947
that I last saw her alive on July 28, 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic Valvular Heart Disease	4 yr
Due to: Arteriosclerosis General	10 yrs.
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN

Underline the cause of 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 Francis J Medler MD (M. D. or other)
Address 4114 W Florissant Date signed 7/29/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

FRANCIS J MEDLER

Mr. Medler
Stoussant + Harris
12 to 2 P.M.

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 Ralph C. Linders

Licensed Embalmer No. 4275

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.