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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 4 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

26015

State File No.

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6958

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: 4964 Ashby
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

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. 4964 Ashby
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country --

3. (a) PRINT FULL NAME Aloysius Henry Sandt

3. (b) If veteran, name war No

3. (c) Social Security No. 497-05-4346-A

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Rose Theresa Eufiner

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased July 27, 1877 (Month) (Day) (Year)

8. AGE: Years 69 Months 11 Days 28 If less than one day hr. min.

9. Birthplace St. Louis, Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Watchman

11. Industry or business

FATHER
12. Name George Sandt
13. Birthplace St. Louis (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Regina Guerst
15. Birthplace France (City, town, or county) (State or foreign country)

16. (a) Informant Rose Theresa Sandt
(b) Address 4964 Ashby

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 28 '47 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Bromschwig and Son Funeral Home
(b) Address 4746 W. Florissant Ave.

19. (a) JUL 26 1947 (Date received local registrar) (b) J. F. Bradecak (Registrar's signature)

MEDICAL CERTIFICATION

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

21. I hereby certify that I attended the deceased from 12-15, 1948 to July 28, 1947 that I last saw him alive on 7-28, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic myocarditis	5 yrs.
Due to	
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 Burton Bohannon (M. D. or other) M. D.
Address 2602 S. Grand Date signed 7/28/47

(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.....

Licensed Embalmer No.....

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.