S. No. 2
M—1/47
. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 15 1947

Registration District No. 77

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 29975

Primary Registration District No. 6076

Registrar's No. 1925

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Lemay 23 (If outside city or town limits, write "RURAL," and name of township)
(c) Name of hospital or institution R.R. #9-Box 342-Lemay (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 1

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis 96
(c) City or town Lemay 23 (If outside city or town limits, write "RURAL") 5
(d) Street No. RR #9, Box 342, Lemay (If rural, give location) 6
(e) Citizen of foreign country? ..... (Yes or No) 0
If yes, name country .....

3. (a) PRINT FULL NAME Sophia Sanders
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 Ernst Sanders
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased July (Month) 31 (Day) 1865 (Year)

8. AGE: Years 82 Months 1 Days 27 If less than one day ..... hr. ..... min.

9. Birthplace ..... (City, town, or county) Wisconsin (State or foreign country)
10. Usual occupation house work
11. Industry or business at home
MOTHER FATHER
12. Name Jacob Broadlush
13. Birthplace ..... (City, town, or county) Germany 4 (State or foreign country)
14. Maiden name Martha Unk.
15. Birthplace ..... (City, town, or county) Germany 4 (State or foreign country)
16. (a) Informant August Sanders
(b) Address Lemay 23, Mo.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof Sept. 10/47 (Month) (Day) (Year)
(c) Place: burial or cremation St. Peter & Paul
18. (a) Signature of funeral director Fendler Und. Co.
(b) Address 7429 Michigan
19. (a) 9-12-47 (Date received by local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPT day 7 year 1947 hour 9 minute P M.

21. I hereby certify that I attended the deceased from February 12, 1947 to Sept 3, 1947 that I last saw her alive on August 31, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Congestive Heart failure	
Due to: Heart Block	
Due to: Diabetes	
Other conditions: Diabetic gangrene (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 0

23. Signature Victor H. Kuenkel (M. D. or other) Mp
Address 3105 S. Broadway Date signed 9/8/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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

Kunkel 1-3
3109 S. Grand

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 V E Morris

Licensed Embalmer No. 3360

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.