o. 2
/47
7-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 43458

FILED DEC 22 1947
Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11306

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: Enroute To City Hospt. 3
(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 Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3911 Dunica
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Elmer A. Sandvoss
3. (b) If veteran, name war
3. (c) Social Security No. 489-01-2688
4. Sex Male
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Hazel
6. (c) Age of husband or wife if alive 34 years
7. Birth date of deceased Aug. (Month) 22 (Day) 1903 (Year)

8. AGE: Years	Months	Days	If less than one day
44	3	16	hr. min.

9. Birthplace St. Louis Mo. (City, town, or county) (State or foreign country)
10. Usual occupation Clerk
11. Industry or business
MOTHER FATHER
12. Name Edward Sandvoss
13. Birthplace St. Louis Mo. (City, town, or county) (State or foreign country)
14. Maiden name Emma Hermann
15. Birthplace St. Louis Mo. (City, town, or county) (State or foreign country)
16. (a) Informant Hazel Sandvoss
(b) Address 3911 Dunica
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/11/47 (Month) (Day) (Year)
(c) Place: burial or cremation New St. Marcus Cem.
18. (a) Signature of funeral director Peetz Funeral Home
(b) Address 3029 Lafayette Ave
19. (a) DEC 10 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 8th year 1947 hour 7:57 minute A. M.
21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...: that I last saw h... alive on ..., 19...: and that death occurred on the date and hour stated above.

Immediate cause of death 1. Fracture of 2nd, 3rd, & 4th cervical vertebrae; 2. Laceration of Spinal Cord; when he jumped from a
Due to 10th floor window of the 10th floor of the Internationaal Shoe Company Ware-
Due to house, 1507 Lucas Ave., around 7:57 A.M. Dec. 8, 1947.

Duration

Other conditions SUICIDE WHILE SUFFERING FROM
(Include pregnancy within 3 months of death)
TEMPORARY MENTAL ABERRATION.

Major findings:
Of operations
Of autopsy None

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) SUICIDE
(b) Date of occurrence Dec. 8, 1947
(c) Where did injury occur? St. Louis, Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? In Industrial Place (Specify type of place)
While at work? (e) Means of injury See Above
23. Signature Alfred J. Perry (M. D. or other)
Address Deputy Coroner Date signed 12-10-47

Jefferson City Printing Co. (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 David Van Fossan

Licensed Embalmer No. 4242.

P. O. Address 3029 Lafayette

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.