No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

FILED NOV 12 1948

State File No. 9560

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9560

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

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County ~~St. Louis~~
(c) City or town ~~St. Louis~~ ~~8720 Magdalen Ave~~ 8710 Mifflin (If outside city or town limits, write "RURAL")
(d) Street No. BRENTWOOD MO.
(If rural, give location)
(e) Citizen of foreign country? N.R (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME LOUISE H. SANDBRINK
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 MARRIED
6. (b) Name of husband or wife JOSEPH H. SANDBINK
6. (c) Age of husband or wife if alive ... years
7. Birth date of deceased APRIL 29, 1897 (Month) (Day) (Year)

8. AGE: Years 51 Months 6 Days 2 If less than one day ... hr. ... min.

9. Birthplace BRUNSWICK, MO (City, town, or county) (State or foreign country)
10. Usual occupation HOUSE-WIFE
11. Industry or business

FATHER
12. Name HENRY STRUB
13. Birthplace BRUNSWICK, MO (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name MAGDALENE HAUSMAN
15. Birthplace ST. LOUIS, MO (City, town, or county) (State or foreign country)

16. (a) Informant JOSEPH H. SANDBRINK
(b) Address 8720 MAGDALEN AVE
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 11-4-48 (Month) (Day) (Year)
(c) Place: burial or cremation RESURRECTION
18. (a) Signature of funeral director M. J. Creighton
(b) Address 2144 Manchester Ave.
19. (a) NOV 3 1948 (Date received local registrar) (b) J. B. [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOVEMBER day 1ST year 1948 hour about 5 minute P.M. M.

21. I hereby certify that I attended the deceased from Jan. 1948 to 11-1-48, 19...;
that I last saw her alive on 11-1-48, 19...;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Congestive heart failure	
Due to mitralstenosis and hypertension	
Due to	
Other conditions - none (Include pregnancy within 3 months of death)	
Major findings: Of operations none	PHYSICIAN
Of autopsy above findings	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 C. H. Neilson (M. D. or other) M. D.
Address 306 Humboldt Bldg. Date signed 11/2/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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

APR 18 1950

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 Elton R. H. Remeleers

Licensed Embalmer No. 4283

P. O. Address [illegible]

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.