

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **9674**

No. 300  
10-48

FILED MAR 24 1949

9200

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

BIRTH NO. _____		REG. DIST. NO. <b>308</b>		PRIMARY REG. DIST. NO. <b>6049</b>		Registrar's No. <b>5</b>	
1. PLACE OF DEATH a. COUNTY <b>St. Charles</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo</b> b. COUNTY <b>St. Charles</b>			
b. CITY (If outside corporate limits, write RURAL and give township) <b>Augusta Mo R.R.</b>		c. LENGTH OF STAY (in this place) <b>Life</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Augusta Mo R.R.</b>		d. STREET ADDRESS (If rural, give location) <b>1 mile south west of Augusta</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1</b>				d. STREET ADDRESS			
3. NAME OF DECEASED (Type or Print) <b>HENRY F. SANDERS</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Mar. 18 - 1949</b>				
5. SEX <b>M</b>		6. COLOR OR RACE <b>Z</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>1867</b> <b>Nov. 29 - 1867</b>	
9. AGE (In years last birthday) <b>81</b>		IF UNDER 1 YEAR Months Days		IF UNDER 1 HR. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>—</b>		11. BIRTHPLACE (State or foreign country) <b>Augusta Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Wm. Sanders</b>		13b. MOTHER'S MAIDEN NAME <b>Marg. Helge</b>		14. NAME OF HUSBAND OR WIFE <b>unknown</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>—</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Elmore Grunke Augusta Mo</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Ch. Myocarditis</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>Arteriosclerosis with gangrene of left leg</b>  DUE TO (b)  DUE TO (c) <b>Ch. Nephritis</b>  II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <b>18 yr</b>  <b>2 week</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>420</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>Feb 14, 1949</b> , to <b>Mar 18, 1949</b> , that I last saw the deceased alive on <b>Mar 17, 1949</b> , and that death occurred at <b>4 P.M.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>H. Grunke M.D.</b> (Degree or title)				23b. ADDRESS <b>Northville Mo</b>		23c. DATE SIGNED <b>3/18/49</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <b>Mar 20-49</b>		24c. NAME OF CEMETERY OR CREMATORY <b>City Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Augusta Mo</b>	
DATE REC'D BY LOCAL REG. <b>March 19, 1949</b>		REGISTRAR'S SIGNATURE <b>Miss Viola Fleischer</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Olie Shurtz</b>		ADDRESS <b>Augusta Mo.</b>	

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED  
District Health Officer No. 9,  
District File Number  
MAR 22 1949  
Date Filled

**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed Olie Shickling

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 2759

P. O. Address Augusta 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.