

FILED OCT 10 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

31895

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 8040

1. PLACE OF DEATH  
a. COUNTY \_\_\_\_\_  
b. CITY (If outside corporate limits, write RURAL and give town OR TOWN) St. Louis  
c. LENGTH OF STAY (in this place) \_\_\_\_\_  
d. FULL NAME OF HOSPITAL OR INSTITUTION: Park Lane Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission).  
a. STATE Mo.  
b. COUNTY \_\_\_\_\_  
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Webster Groves  
d. STREET ADDRESS (If rural, give location) #26 Old Westbury Lane

3. NAME OF DECEASED  
a. (First) DAVID b. (Middle) G. c. (Last) WEST  
4. DATE OF DEATH (Month) (Day) (Year) Sep. 21 1950

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married  
8. DATE OF BIRTH Dec. 22, 1890 9. AGE (In years last birthday) 59 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Advertising Mgr.-Coca Cola Bottling Co.  
10b. KIND OF BUSINESS OR INDUSTRY Norway  
11. BIRTHPLACE (State or foreign country) 4  
12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Elling West Sandve 13b. MOTHER'S MAIDEN NAME Hannah Stol 14. NAME OF HUSBAND OR WIFE Margaret Sandve

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes World War I  
16. SOCIAL SECURITY NO. \_\_\_\_\_  
17. INFORMANT'S SIGNATURE OR NAME Margaret Sandve ADDRESS 26 Old Westbury Lane

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.  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Ce of Both Lungs  
ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) \_\_\_\_\_  
DUE TO (c) \_\_\_\_\_  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION \_\_\_\_\_ 19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_ 20. AUTOPSY? YES  NO

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) \_\_\_\_\_ 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? 162X

22. I hereby certify that I attended the deceased from Sept 3, 1950 to Sept 21, 1950, that I last saw the deceased alive on 9/21, 1950, and that death occurred at 10:00 a.m., from the causes and on the date stated above.

23a. SIGNATURE PB Cappe (Degree or title) \_\_\_\_\_ 23b. ADDRESS 3284 Franklin 23c. DATE SIGNED 9/22/50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE Sep. 23, 1950 24c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park 24d. LOCATION (City, town, or county) (State) St. Louis-Co. Mo.

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE SEP 22 1950 PB Cappe 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Kriegshauser 4228 S.Kingshighway Bl.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD  
CORR. BY APP. d.c.s. 10/1/50

OCT 27 1950

DEC 21 1959

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 \_\_\_\_\_

working under my personal supervision.

Signed.....  
Student Embalmer

Signed *Edwin M. Herrmann* Student Embalmer No. ....

Licensed Embalmer No. *3024*

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.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

THE STATE BOARD OF HEALTH OF MISSOURI  
BUREAU OF VITAL STATISTICS

State of ..... }  
County of ..... } ss.

State File No. 31875-5  
Local Registrar's No. 8040

AFFIDAVIT FOR CORRECTION OF A RECORD

On this..... day of....., 194....., before me appears.....  
....., who, upon..... oath, states that the original record of birth  
for G. West Sandve died 9-21-1950 death  
born, 19....., in the State of  
Missouri, and which was filed at..... on....., 19....., should be corrected as follows:

Item No. 3 should read G. West Sandve

Instead of..... Gustav W.

Item No..... should read.....

Instead of.....

The above is true to the best of my knowledge, information and belief

(SEAL)

Affiant Frank T. Peters Fun Dir.  
Relationship.

4228 S. Kingshighway

Present Address.

Subscribed and sworn to before me this 8 day of Nov., 1950

My Commission expires 3-4-53 Paul Sudbick Notary Public.