

No. 300
10. 48

FILED NOV -10 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **35795**
Registrar's No. **2396**

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **6076**

4500
4

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

| | | | |
|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY St. Louis | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____ | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bellefontaine + Chambers | | c. LENGTH OF STAY (In this place) 5 weeks | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Goehler Nursing Home | | d. STREET ADDRESS (If rural, give location) 10 4433 Farlin Avenue | |

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|--|--|---|---|---|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) Julia b. (Middle) - c. (Last) Sandler | | | 4. DATE OF DEATH (Month) (Day) (Year) 10 - 5 - 50 | | |
| 5. SEX female | | 6. COLOR OR RACE white | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed | |
| 8. DATE OF BIRTH July 8, 1868 | | 9. AGE (In years last birthday) 82 | | IF UNDER 1 YEAR: MONTHS _____ DAYS _____ | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) homemaker | | 10b. KIND OF BUSINESS OR INDUSTRY _____ | | 11. BIRTHPLACE (State or foreign country) St. Louis, Missouri | |
| 12. CITIZEN OF WHAT COUNTRY? USA | | | | | |

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|--|--|--|--|--|--|
| 13a. FATHER'S NAME Thomas Gannon | | 13b. MOTHER'S MAIDEN NAME Eliza Logan | | 14. NAME OF HUSBAND OR WIFE - | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no | | 16. SOCIAL SECURITY NO. - | | 17. INFORMANT'S SIGNATURE OR NAME Mrs. Nettie Deason ADDRESS 5512 Delmer Boul. | |

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|--|--|--|--|
| 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, asphyxia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Coronary Enfort INTERVAL BETWEEN ONSET AND DEATH 1 hr ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arterio sclerosis - cerebral hem - arthrop 3 yrs previously DUE TO (c) _____ | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | 331X 331X | |

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|---|--|--|--|---|--|
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | 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 **Sept 1, 1950**, to **death 10/5, 1950**, that I last saw the deceased alive on **Oct 4, 1950**, and that death occurred at **12:30 p.m.**, from the causes and on the date stated above.

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|---|--|--|--|--|--|
| 23a. SIGNATURE (Degree or title) W. A. Knight | | 23b. ADDRESS 8201 N Broadway, St. Louis | | 23c. DATE SIGNED 10/5/50 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) burial | | 24b. DATE Oct. 9, 1950 | | 24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery | |
| | | | | 24d. LOCATION (City, town, or county) (State) St. Louis, Missouri | |

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|--|--|--|--|--|--|
| DATE REC'D BY LOCAL REG. OCT 6 1950 | | REGISTRAR'S SIGNATURE H. R. Donke M. D. | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Math Hermann & Son, Inc. 2161 E. Fair Ave. | |
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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.

Student Embalmer No.

Signed _____

Homer W. Dritz

Signed.....
Student Embalmer

Licensed Embalmer No. *3882*

P. O. Address *St. Louis, 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.