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

XC-16 FILED 1936/11/13 1957
REG. #88208 6-13-51

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21718

State File No. _____
Registrar's No. 2584

BIRTH NO. _____ REG. DIST. NO. 37 PRIMARY REG. DIST. NO. 6076

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE ILLINOIS b. COUNTY ST. CLAIR	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JEFFERSON BRKS., MO.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LIBORY 8120	
c. LENGTH OF STAY (in this place) 302 days		d. STREET ADDRESS (If rural, give location) 8	
d. FULL NAME OF HOSPITAL OR INSTITUTION VETERANS ADM. HOSPITAL			

3. NAME OF DECEASED (Type or Print) a. (First) GEORGE b. (Middle) A. c. (Last) SANDHEINRICH	4. DATE OF DEATH (Month) (Day) (Year) JULY 5, 1951
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	8. DATE OF BIRTH 7/10/90	9. AGE (In years last birthday) 60	IF UNDER 1 YEAR Months 11 Days 25	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) ST. LIBORY, ILLINOIS	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME GEORGE SANDHEINRICH	13b. MOTHER'S MAIDEN NAME ELIZABETH HUELSMANN	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW-1	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME VA HOSPITAL RECORDS	ADDRESS
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) SQUAMOUS CELL CARCINOMA RIGHT PERIFORM SINUS		
	ANTECEDENT CAUSES Morbidity 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.		161X	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) NONE	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME (Month) (Day) (Year) (Hour) OF INJURY VA	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 9/7, 1950, to 7/5, 1951, and that death occurred at 10:17 P.M., from the causes and on the date stated above.

23a. SIGNATURE H. Stillewell (Degree or title) M.D.	23b. ADDRESS VAH, JEFF BRKS., MO.	23c. DATE SIGNED 7-6-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE July 9, 1951	24c. NAME OF CEMETERY OR CREMATORY ST LIBORIOUS	24d. LOCATION (City, town, or county) (State) ST LIBORY ILLINOIS
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DATE REC'D BY LOCAL REG. 7-6-51	REGISTRAR'S SIGNATURE Herbert P. Donke M.D.	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS RENNER FUNERAL HOME, Freeburg, Ill
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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.....

not embalmed

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed.....

Geo. Runcie

Licensed Embalmer No. *2314*

P. O. Address..... *Belleville Ill*

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.