

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED SEP 25 1952

State File No. 33383

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 8226

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2349	
d. FULL NAME OF HOSPITAL OR INSTITUTION Alexian Bros. Hosp.		d. STREET ADDRESS (If rural, give location) 2436 3616 a Nebraska 0	

3. NAME OF DECEASED (Type or Print) a. (First) George b. (Middle) John c. (Last) Sandker	4. DATE OF DEATH (Month) (Day) (Year) 8 30 1952					
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 1891 10-13-1891	9. AGE (In years last birthday) 60	IF UNDER 1 YEAR Months 1 Day 17	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mailer	10b. KIND OF BUSINESS OR INDUSTRY Newspaper	11. BIRTHPLACE (State or foreign country) St. Louis	12. CITIZEN OF WHAT COUNTRY? U.S.A.			

13a. FATHER'S NAME John Sandker	13b. MOTHER'S MAIDEN NAME Mary Ann Wessels	14. NAME OF HUSBAND OR WIFE Frieda Korn
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or date of service) Yes World War I	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mary Ann Sandker 3616 Nebraska

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, asthenia, 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)	Acute Coronal Failure		34 hrs
ANTECEDENT CAUSES	General Coronarctosis		3 mos
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (b) Coronary Heart Disease		2 yrs
	DUE TO (c) Chronic Hypertension		2 yrs
II. OTHER SIGNIFICANT CONDITIONS.	Pulmonary edema		2 days
Conditions contributing to the death but not related to the disease or condition causing death.	General Anasarca		2 mos
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
	Diabetes Mellitus 2y		

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) (Minute)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? 157X

22. I hereby certify that I attended the deceased from 11/70 to 8/30, 1952, that I last saw the deceased alive on 8/29, 1952, and that death occurred at 9:50 AM, from the causes and on the date stated above.

23a. SIGNATURE George J. McKen	(Degree or title)	23b. ADDRESS 3903 Olive	23c. DATE SIGNED 8/30/52
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 9-2-1952	24c. NAME OF CEMETERY OR CREMATORY St. Peter & Paul	24d. LOCATION (City, town, or county) (State) St. Louis MO.

DATE REC'D BY LOCAL REG. SEP 2 1952	REGISTRAR'S SIGNATURE C. Smith	25. FUNERAL DIRECTOR'S SIGNATURE Wingbermuehle	ADDRESS 3819 S. Grand Blvd.
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(Licensed Embalmer's Statement on Reverse Side)

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

Ca. Sanchez primary date

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.

Student
Student Embalmer

Signed

Geo. Klingbein

.....
Licensed Embalmer No. *4611*

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.