

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **33979**

FILED OCT 15 1953

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **9480**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY 2159	
b. CITY OR TOWN ST. LOUIS MO		c. CITY OR TOWN ST. LOUIS	
c. LENGTH OF STAY (In this place)		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION LUTHERAN HOSPITAL 15		e. STREET ADDRESS (If rural, give location) 4361 OSCEOLA	

3. NAME OF DECEASED (Type or Print)	a. (First) CHARLES E.	b. (Middle) SANDIDGE	c. (Last) SANDIDGE	4. DATE OF DEATH (Month) (Day) (Year) OCT 2 1953
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH APRIL 6 1894	9. AGE (In years last birthday) 59	10. IF UNDER 1 YEAR Months	11. IF UNDER 1 YEAR Days	12. IF UNDER 1 HR. Hours	13. IF UNDER 1 HR. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PRESSMAN	10b. KIND OF BUSINESS OR INDUSTRY GARRISON PRTE.	11. BIRTHPLACE (City and State or Foreign Country) ILLINOIS	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME CHARLES SANDIDGE	13b. MOTHER'S MAIDEN NAME AMANDA GRANT	14. NAME OF HUSBAND OR WIFE MAMIE SANDIDGE
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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)	16. SOCIAL SECURITY NO. 488-01-3037	17. INFORMANT'S SIGNATURE OR NAME MAMIE SANDIDGE	18. ADDRESS 4361 OSCEOLA
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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 6 months
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral of lung		
	ANTECEDENT CAUSES DUE TO (b) Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Metastatic Ca of brain			8 weeks

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)	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 OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 163X
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22. I hereby certify that I attended the deceased from **Sept 24, 1953**, to **Oct 2, 1953**, that I last saw the deceased alive on **Oct 1, 1953**, and that death occurred at **3:55 PM**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) R.A. Neubaum MD	23b. ADDRESS 3701 Grandel Sq	23c. DATE SIGNED 10-2-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	24b. DATE OCT 5 1953	24c. NAME OF CEMETERY OR CREMATORY VAL HALLA CEM.	24d. LOCATION (City, town, or county) (State) ST. LOUIS MO
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DATE REC'D BY LOCAL REG. OCT 2 1953	REGISTRAR'S SIGNATURE J. Charles Smith MD	25. FUNERAL DIRECTOR'S SIGNATURE Thomas Kutis	ADDRESS 2906
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(Licensed Embalmer's Statement on Reverse Side)

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

1912 Dec 12

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.....
Signature of Student Embalmer

Signed *Harmon C. Dice*.....

Licensed Embalmer No. *1134*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.