

FILED DEC 10 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42559

STATE FILE NUMBER

11566

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived, if institution; Residence, before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Alexian Brothers		Length of stay in lb 1 week 2/9	
3. NAME OF DECEASED (Type or print) RICHARD First D. Middle SANDOE Last		4. DATE OF DEATH Month Dec. Day 1 Year 1957	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Aug. 3, 1905
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mining Engineer		10b. KIND OF BUSINESS OR INDUSTRY No. Amer. Coal Co.	11. BIRTHPLACE (City and state or country) Bellefontaine, Ohio
13. FATHER'S NAME Clarence J. Sandoe		14. MOTHER'S MAIDEN NAME Bertha Williams	
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. 343-07-7274	
17. INFORMANT Stella Sandoe, 423 Fillmore		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) acute Cordeai Decongestion Arterio sclerotic cordis venosus great Chloro Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) Cordeai of Lung, Pancreatic			INTERVAL BETWEEN ONSET AND DEATH 1 wk 1 yr. 1 yr.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n) 422-1			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. Month _____ Day _____ Year _____			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from 11/22/57 to 12/1/57 and last saw her alive on 12/1/57 Death occurred at 3:45 P. m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) R. Crockett M.D.		22b. ADDRESS 1901 Madison St.	22c. DATE SIGNED 12/4/57
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 12/4/57	23c. NAME OF CEMETERY OR CREMATORY Mt. Hope Cemetery	23d. LOCATION (City, town, or county) (State) Lemay, 23, Mo.
24. FUNERAL DIRECTOR Fendler Und. Co, 7420 Michigan Ave.		25. DATE RECD. BY LOCAL REG. DEC 2 57	26. REGISTRAR'S SIGNATURE Carl Smith M.D.

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Specimen in the manner required by 193.140 MoRS 1949.

Dr. Stan Ciapciak
1901 Madison
12 to 4 Mon.

Dec. 1, 1952

SANDOE

D.

RICHARD

SS

Aug. 3, 1902

White

Male

SSA

Bellevue Hospital, N.Y.C.

Minneapolis, Minn.

William

Clarence J. Sandoe

Stella Sandoe, 433 Williams

No.

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 *W. B. Peterson*

Licensed Embalmer No. 376

P. O. Address 7470 Madison

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 stated above.

Received of Dr. Stan Ciapciak