URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

59-041414

FILED VS NOV 17 1959

Registration District No. 310 Primary Registration District No. 3058 Registrar's No. 255

STATE FILE NUMBER

MENDED

1. PLACE OF DEATH
a. COUNTY St Charles
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St Charles — Length of stay in 1b 3 wks
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St Joseph Hospital — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY St Charles
c. CITY OR TOWN St Charles — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 830 Washington — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Wilhelmina Middle M. Last Sandfort

4. DATE OF DEATH Month Nov. Day 4 Year 1959

5. SEX Female
6. COLOR OR RACE White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH 11/6/1877
9. AGE (last birthday) 81 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Keeper
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (City and state or country) St Charles County
12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Diedrich Meers
13b. MOTHER'S MAIDEN NAME Marie Moehlenkamp
14. NAME OF HUSBAND OR WIFE George D. Sandfort

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT Address Waldo Sandfort St Charles Mo

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Uremia – Cardio-Renal-vascular Dis — INTERVAL BETWEEN ONSET AND DEATH 21 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arterio-sclerosis — 7
DUE TO (c) " Senility

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 Oct. 10, 1959 to Nov 4, 1959 and last saw her/him alive on Nov 4, 1959
Death occurred at 10 p m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Jno Jenkins M.D.
22b. ADDRESS St Charles Mo
22c. DATE SIGNED Nov. 5, 1959

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 11/7/59
23c. NAME OF CEMETERY OR CREMATORY Lutheran Cemetery
23d. LOCATION (City, town, or county) (State) St Charles Mo.

24. FUNERAL DIRECTOR ADDRESS Arthur C Baue Funeral Home St Charles Mo.
25. DATE RECD. BY LOCAL REG. Nov. 1-59
26. REGISTRAR'S SIGNATURE Marcella Wilson

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

BY AFFIDAVIT OF DOCUMENT

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by m

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed David C. Bau

Signature of Student Embalmer

Licensed Embalmer No. 5060

P. O. Address St. Cloud,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp 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.