

CERTIFICATE OF DEATH

124

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REGISTRATION DISTRICT NO. **317**

PRIMARY REGISTRATION DISTRICT NO. **500**

REGISTRAR'S NO.

1. DECEDENT-NAME Barbara P. Sandermann		2. SEX female		3. DATE OF DEATH (Mo., Day, Yr.) July 15, 1983	
4. RACE—(e.g. White, Black, American Indian) white		5a. AGE—Last Birthday 89		6. DATE OF BIRTH (Mo., Day, Yr.) August 27, 1893	
7a. CITY, TOWN OR LOCATION OF DEATH Creve Coeur		7b. HOSPITAL OR OTHER INSTITUTION—Name (If not in either, give street and number) St. John Mercy Hospital		7c. COUNTY OF DEATH St. Louis	
8. STATE OF BIRTH (If not in U.S.A., name country) Missouri		9. CITIZEN OF WHAT COUNTRY USA.		10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	
11. SOCIAL SECURITY NUMBER 492-22-5768		12. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Homemaker		13. SURVIVING SPOUSE (If wife, give maiden name) NO	
14. RESIDENCE—STATE Missouri		15a. COUNTY St. Louis		15b. CITY, TOWN OR LOCATION AND ZIP CODE Creve Coeur 63141	
16. STREET AND NUMBER 12160 Olive St. Rd.		17. INSIDE CITY LIMITS (Specify Yes or No) yes		18. FATHER—NAME FIRST MIDDLE LAST Anton Heberer	
19. MOTHER—MAIDEN NAME FIRST MIDDLE LAST Bertha Irion		20. INFORMANT—NAME (Type or Print) Melba Jackson		21. MAILING ADDRESS STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP 7528 Melrose St. Louis Missouri 63130	
22. BURIAL, CREMATION, REMOVAL, OTHER (Specify) DATE Burial July 18, 1983		23. CEMETERY OR CREMATORY—NAME St. Paul Churchyard		24. LOCATION CITY OR TOWN STATE St. Louis County Mo.	
25. FUNERAL SERVICE LICENSEE OR PERSON Acting As Such (Signature) Thomas Kute 103		26. NAME OF FACILITY Kutis Funeral Home Inc		27. ADDRESS OF FACILITY 2906 Gravois 63118	
28. REGISTRAR Lawrence E. Maze MD		29. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) JUL 16 1983		30. 21a. (Signature) Lawrence E. Maze MD	
31. 22a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) Frank Cohen MD		32. 23a. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) Frank Cohen MD		33. 24a. MO. LICENSE NO. 22535	
34. 22b. DATE SIGNED (Mo., Day, Yr.) 7-16-83		35. 23b. DATE SIGNED (Mo., Day, Yr.) 7-16-83		36. 24b. IF HOSP OR INST. Indicate DOA, OP/Emer Rm., Inpatient (Specify Yes or No) EMER RM	
37. 22c. HOUR OF DEATH 10:05 A M		38. 23c. PRONOUNCED DEAD (Mo., Day, Yr.) NO		39. 25. INTERVAL BETWEEN ONSET AND DEATH 1 HOUR ±	
40. 22d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) FRANK COHEN M.D.		41. 23d. ON		42. 26. INTERVAL BETWEEN ONSET AND DEATH Years	
43. 24a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR CORONER) (Type or Print) 300 S GRAND ST LOUIS MO 63103		44. 25. INTERVAL BETWEEN ONSET AND DEATH Years		45. 27. AUTOPSY (Specify Yes or No) no	
46. 26. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) ACUTE PULMONARY EDEMA		47. 28. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER (Specify Yes or No) yes		48. 29. OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a) PERIPHERAL VASC. DISEASE—POST STATUS MASTECTOMY FOR CARCINOMA	
49. 29a. ACC, SUICIDE, HOM, UNDET, OR PENDING INVEST (Specify) NO		50. 29b. DATE OF INJURY (Mo., Day, Yr.) NO		51. 29c. HOUR OF INJURY NO	
52. 29d. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) NO		53. 29e. LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, COUNTY, STATE) NO		54. 30. IF DECEASED WAS FEMALE WAS THERE A PREGNANCY IN LAST 90 DAYS NO	

ST. LOUIS COUNTY
DEPARTMENT OF COMMUNITY HEALTH AND MEDICAL CARE
801 So. Brentwood Blvd.
CLAYTON, MISSOURI 63105

(Do not accept if rephotographed or if seal impression cannot be felt.)

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(Chap. 193.380 RSMo 1969)

I HEREBY CERTIFY that this is an exact reproduction of the certificate for the person named therein as it now appears in the permanent records of the Bureau of Vital Records of the Division of Health of Missouri. Witness my hand as Registrar of Vital Statistics and the Seal of the St. Louis County Department of Community Health and Medical Care, this date of

Lawrence E. Maze MD
Registrar of Vital Statistics

Date **JUL 20 1983**

Per *[Signature]*