

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

19347

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003**
 City **St. Louis** (No. **3115**) **Brantner** St. **21** Ward.....
 Registered No. **5787**

2. FULL NAME

Albert Saunders
 (a) Residence. No. **3115 A Brantner** St., **21** Ward.
 (Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. COLOR OR RACE **Caucasian** 5. SINGLE, MARRIED, WIDOWED OR DIVORCED **Single**
(Write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Oct 18 89**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
Oct 49

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work **Labourer**
 (b) General nature of industry, business, or establishment in which employed (or employer) **Not known**
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) **England**
 (STATE OR COUNTRY) **ark**

10. NAME OF FATHER **Henry Saunders**

11. BIRTHPLACE OF FATHER (CITY OR TOWN) **ark.**
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER **Not known**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) **ark.**
 (STATE OR COUNTRY)

14. INFORMANT **Julia Williams**
 (Address) **3115 A Brantner**

15. FILED **29 10 28** **Max C. Starkey** REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **May 27 1928**

17. I HEREBY CERTIFY, That I attended deceased from 19....., to 19....., and that death occurred, on the date stated above, at **12:50 P.M.**

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Haemorrhage due to Rupture of Aneurism of Arch of Aorta
 (duration) yrs. mos. ds. **traumatic**

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? **no** DATE OF.....
 WAS THERE AN AUTOPSY? **yes**
 WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) **J. W. Kerner M.D.**
5/26, 1928 (Address) **Dep. Comm.**

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL **England Ark** DATE OF BURIAL **5-29-1928**

20. UNDERTAKER **Atkins Gregory and Co** ADDRESS **3317 Morgan**

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS IS A PERMANENT RECORD

