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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 41441

JAN 12 1940

Registration District No. 791

Primary Registration District No.

Registrar's No. 10564

**1. PLACE OF DEATH:** 1

(a) County

(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: City Infirmary
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 mo. 19 days (Specify whether
In this community 27 years
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:** 1

(a) State Missouri (b) County

(c) City or town St. Louis 13
(If outside city or town limits, write "RURAL")

(d) Street No. 5800 Arsenal
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Oliver Sanders 536

3. (b) If veteran, name war Unknown

3. (c) Social Security No. Unknown

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Div.

6. (b) Name of husband or wife Unknown

6. (c) Age of husband or wife if alive Unknown years

7. Birth date of deceased March (Month) 2, (Day) 1879 (Year)

8. AGE: Years 60 Months 9 Days 6 If less than one day hr. min.

9. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)

10. Usual occupation Switchman 9

11. Industry or business Rail Road 9

FATHER
12. Name John Sanders 9
13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)

MOTHER
14. Maiden name Nancy Morris
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)

16. (a) Informant's own signature J. G. Sullivan
(b) Address 5800 Arsenal St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 11, 1939 (Month) (Day) (Year)
(c) Place: burial or cremation Herculaneum, Mo.

18. (a) Signature of funeral director Jay B. Smith
(b) Address 7456 Manchester

19. (a) DEC 11 1939 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Dec. day 8
year 1939 hour 11:30 minute P.M.

21. I hereby certify that I attended the deceased from Oct. 19, 1939, to Dec. 8, 1939
that I last saw him alive on Dec. 8, 1939
and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: Degenerative Heart Disease | |
| Due to: Arteriosclerosis | |
| Due to: | |
| Other conditions (Include pregnancy within 3 months of death) | |
| Major findings: Of operations | |
| Of autopsy None | |

PHYSICIAN — Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)
While at work? (e) Means of injury 1

23. Signature Geo. S. Bazalis M.D. (M. D. or other)
Address Date signed

(Licensed Embalmer's Statement on Reverse Side)

## 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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed H. C. Burgess

Licensed Embalmer No. 4029

P. O. Address Maplewood

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**