

STANDARD CERTIFICATE OF DEATH

State File No. 30477  
Registrar's No. 7754

Registration District No. 791 Primary Registration District No. 1003

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:  
(a) County \_\_\_\_\_  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Jewish Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 44 years  
years, months or days)

3. (a) PRINT FULL NAME Morris Sanders  
3. (b) If veteran, name war No  
3. (c) Social Security No. 488-01-4336

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Widower  
6. (b) Name of husband or wife Tillie Sanders  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased April 25, 1873  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
67 4 21 hr. min.

9. Birthplace Bessarabia U.S.S.R.  
(City, town, or county) (State or foreign country)

10. Usual occupation Presser

11. Industry or business Ladies garments

12. Name Wolf B. Sanders

13. Birthplace U.S.S.R.  
(City, town, or county) (State or foreign country)

14. Maiden name Ethel (unk)

15. Birthplace U.S.S.R.  
(City, town, or county) (State or foreign country)

16. (a) Informant Ben Sanders

(b) Address 7336 Dartmouth

17. (a) Burial (b) Date thereof 9/17/1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chesed Shel Emeth

18. (a) Signature of funeral director H.B. Berger

(b) Address 4715 McPherson

19. (a) SEP 17 1940 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis 12  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4714 McMillan  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? 44 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 16<sup>th</sup> day September  
year 1940 hour 6 minute A M.

21. I hereby certify that I attended the deceased from July  
1940 to Sept. 16, 1940  
that I last saw him alive on Sept 15, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Pancreas  
Duration ?

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Ca of Pancreas  
Of operations Cause of obstruction to bile duct  
Of autopsy nil

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature [Signature] (M. D. or other) med  
Address 508 N. Grand Date signed 9/17/40

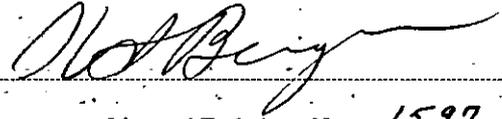
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**STATEMENT BY LICENSED EMBALMER**

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



Licensed Embalmer No. 1597

P. O. Address.....

**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 this body is not embalmed, fact should be so stated above.**