No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 24 1942

Registration District No. 791

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 39815

Registrar's No. 9521

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

1. PLACE OF DEATH:

(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: Homer Phillips Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 days (Specify whether
In this community 15 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County

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

(d) Street No. 2720 Rear Clark
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Maggie Sanders

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race Colored

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

6. (b) Name of husband or wife

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

7. Birth date of deceased (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
42	5	22	hr. min.

9. Birthplace Tenn. (City, town, or county) 1 (State or foreign country)

10. Usual occupation

11. Industry or business

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

MOTHER
14. Maiden name Janie Sea
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Shirley M. Smith
(b) Address 2601 N. Whittier

17. (a) (Burial, cremation, or removal) (b) Date thereof 1-15-41 (Month) (Day) (Year)
(c) Place: burial or cremation St. Louis

18. (a) Signature of funeral director W. Richter
(b) Address 3500 Carton

19. (a) DEC 1 1941 (Date received by registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 7, 1941
year hour 3 minute 40A. M.

21. I hereby certify that I attended the deceased from Oct. 31, 1941, 19 to Nov. 7, 1941, 19;
that I last saw her alive on Nov. 7, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Hypertensive Heart Disease	Unk.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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

23. Signature J. W. Johnson (M. D. or other)
Address Date signed

(Licensed Embalmer's Statement on Reverse Side)

JAN 11 1949

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.....

P. O. Address.....

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

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