

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

Registration District No. 3818

Primary Registration District No. 1003

Registrar's No. 4498

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:
Missouri Baptist Hosp.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution..... 2 days.
(Specify whether
 In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Mo. (b) County..... St. Louis
 (c) City or town..... Kirkwood
(If outside city or town limits, write "RURAL" and location)
 (d) Street No. 115 E. Woodbine
(If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME Albert W. Sanders,
 3. (c) Social Security name war..... No.....

4. Sex M 5. Color or Race W 6. (a) Single, widowed, married, divorced. M
 6. (b) Name of husband or wife..... Clara K. Sanders, 6. (c) Age of husband or wife if alive..... 65 years
 7. Birth date of deceased..... March 30 1873.
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
70 1 14 hr. min.

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

10. Usual occupation..... Commercial Photographer

11. Industry or business..... A. W. Sanders & Co.

12. Name..... Prop. Albert W. Sanders,

13. Birthplace..... unk
(City, town, or county) (State or foreign country)

14. Maiden name..... unk

15. Birthplace..... unk
(City, town, or county) (State or foreign country)

16. (a) Informant..... Mrs. Clara K. Sanders,

(b) Address..... 115 E. Woodbine, Kirkwood.

17. (a) burial (b) Date thereof..... 5/17/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... Oak Hill Cmty.

18. (a) Signature of funeral director..... LOUIS H. BOPP, Inc.

(b) Address..... Kirkwood.

19. (a) MAY 19 1943 (b) J. F. Brebeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... May day..... 14th
 year..... 1943 hour..... 9:10 M.
 21. I hereby certify that I attended the deceased from..... Spleno-myelogenous
Jan 1, 1938 - May 14, 1943
 that I last saw him alive on..... May 13, 1943
 and that death occurred on the date and hour stated above.

Immediate cause of death.....
Spleno myelogenous Leukemia
 Due to..... Leucemia
 Due to..... Cause unknown

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
 Of operations.....

Of autopsy.....

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?

23. Signature..... Dan Luck Miller (M. D. or other)
 While at work?.....
(Specify type of place) (e) Means of injury
 Address..... 818 Olin St Date signed..... 5/17/43

Duration
 PHYSICIAN
 Underline the cause to which death should be charged statistically.

Paul M. ...
R...

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.....

Karlis H. Bopp

Licensed Embalmer No.....

921

P. O. Address.....

Fertigwood M.

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.