

FILED APR 1 1944 318
Registration District No.

Primary Registration District No.

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:
Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 14 Hrs. 27 Mins.
(Specify whether
In this community.....
years, months or days)

3. (a) PRINT FULL NAME James Sanders

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex Male 5. Color or Race Negro 6. (a) Single, widowed, married, divorced..... 0
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased 2 24 44
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
14 hr. 27 min.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

MOTHER FATHER { 12. Name Sam Sanders
13. Birthplace New Orby Mississippi
(City, town, or county) (State or foreign country)
14. Maiden name Martha Frazier
15. Birthplace St. Joseph Louisiana
(City, town, or county) (State or foreign country)

16. (a) Informant Ether M. Sheard, R. Rd
(b) Address 2601 N. Whittier Street

17. (a) Burial (b) Date thereof MAR 30 1944
(Burial, cremation, or removal) (Month) (Day) (Year)
CITY CEMETERY

18. (a) Signature of funeral director H. Merschner

(b) Address City Health Dept

19. (a) MAR 29 1944 (b) J. F. Bredon
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County..... 100
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL") 922
(d) Street No. 2822 Spruce Street
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country..... 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 25
year 44 hour 4 minute 40 am

21. I hereby certify that I attended the deceased from 2 - 24, 1944 to 2 - 25, 1944
that I last saw him alive on 2 - 25, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death..... Prob. Atelectasis

Due to..... Unknown

Due to..... Unknown

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

Major findings:
Of operations.....

Of autopsy.....

Duration

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 J. F. Bredon (M, D, or other) 0
Address 2601 N. Whittier St. Date signed 3-27-44

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 with the above constitutes grounds for revocation of license.)

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