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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 2 1944

Registration District No. 318

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 13295

Primary Registration District No. 1003

Registrar's No. 3705

1. PLACE OF DEATH:

(a) County St Louis

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

(c) Name of hospital or institution: Homer G Phillips O (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether In this community 24 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 000

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

(d) Street No. 2822 Spruce 1122 (If rural, give location)

(e) Citizen of foreign country? 9 (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME MARTHA SANDERS

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female 3

5. Color or race Col

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

6. (b) Name of husband or wife Sam Sanders

6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased May (Month) 12 (Day) 1905 (Year)

8. AGE: Years 38 Months 11 Days ~~12~~ 3 If less than one day hr. min.

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

10. Usual occupation House Wife

11. Industry or business

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

MOTHER
14. Maiden name Irene ?
15. Birthplace (City, town, or county) La. 1 (State or foreign country)

16. (a) Informant Sam Sanders

(b) Address 2822 Spruce St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/21/44 (Month) (Day) (Year)

(c) Place: burial or cremation National Cem Jefferson Barracks

18. (a) Signature of funeral director F. A. Green

(b) Address 2915 Franklin ave

19. (a) APR 21 1944 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 15 year 1944 hour 12 minute 00 P.M.

21. I hereby certify that I attended the deceased from ....., 19...., to ....., 19....; that I last saw h..... alive on ....., 19....; and that death occurred on the date and hour stated above.

Immediate cause of death Miliary Tuberculosis

Due to Lungs not affected

Due to

Other conditions (Include pregnancy within 3 months of death) 22a

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Thomas F. Callanan (M. D. or other)

Address Deputy Coroner Date signed 4-14-44

(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 G. A. Gleason

Licensed Embalmer No. 2963

P. O. Address 2915 Franklin av

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.