7. S. No. 2
00M—8-43
ev. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26559

FILED AUG 21 1944

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7004

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: 2837a Gamble St. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED: 994

(a) State Illinois (b) County "
(c) City or town NEWPORT (If outside city or town limits, write "RURAL")
(d) Street No. 703 Webster (If rural, give location) NR
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Josephine SANDERS
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex F
5. Color or race Col.
6. (a) Single, widowed, married, divorced WIDOW
6. (b) Name of husband or wife HUGH SANDERS
6. (c) Age of husband or wife if alive years
7. Birth date of deceased (Month) (Day) (Year)
8. AGE: Years 93 Months — Days — If less than one day hr. min.
ABOUT
9. Birthplace LIVINGSTON (City, town, or county) ALA. (State or foreign country)
10. Usual occupation
11. Industry or business DOMESTIC
FATHER 12. Name FRINDLEY WASHINGTON
13. Birthplace UNKNOWN (City, town, or county) ALA. (State or foreign country)
MOTHER 14. Maiden name UNKNOWN
15. Birthplace UNKNOWN (City, town, or county) UNKNOWN (State or foreign country)
16. (a) Informant Josephine Plump
(b) Address 2837a Gamble
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-8-44 (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood Cem
18. (a) Signature of funeral director A. F. Walton
(b) Address 2707 Stoddard St.
19. (a) AUG 11 1944 (Date received by local registrar) (b) J. F. Bredeck (Registrar's signature)
8644 (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUG day 4 year 1944 hour 10 minute 00 A.M.
21. I hereby certify that I attended the deceased from 6-25-44, 19..., to 8-4-, 1944, that I last saw h. alive on 4 AM 8-4-, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Accident — Duration
Due to Arteriosclerotic Hypertension
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 Russell H. White (M. D. or other) M.D.
Address 2424 N. Sarah Date signed 8-7-44

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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 W. Claude Gordon

Licensed Embalmer No. 3489

P. O. Address 4575 Aldine

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.