

S. No. 2  
 OM-5-43  
 v. 5-17-39  
 I X36671

**FILED DEC 5 1944 318**

Registration District No. \_\_\_\_\_ Primary Registration District No. **1003**

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

**1. PLACE OF DEATH:**

(a) County.....  
 (b) City or town..... **St. Louis, Missouri**  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
**5444 Clemens**  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution..... **1** (Specify whether  
 In this community..... **Lifetime**  
 years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **Missouri** (b) County **Madison**  
 (c) City or town..... **St. Louis**  
 (If outside city or town limits, write "RURAL")  
 (d) Street No..... **5444 Clemens**  
 (If rural, give location)  
 (e) Citizen of foreign country?..... (Yes or No)  
 If yes, name country..... **0**

3. (a) PRINT FULL NAME **Virginia Saunders**

3. (b) If veteran, name war..... **No** 3. (c) Social Security No..... **None**

4. Sex **F** 5. Color or race..... **W** 6. (a) Single, widowed, married, divorced..... **S**

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

7. Birth date of deceased..... **Mar 24 1858**  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**86** **8** **3** hr. min.

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

10. Usual occupation..... **Retired School Teacher**

11. Industry or business.....

MOTHER FATHER

12. Name..... **Thomas Paton Saunders**

13. Birthplace..... **(Unknown) Ohio**  
 (City, town, or county) (State or foreign country)

14. Maiden name..... **Mary Jones**  
 (State or foreign country)

15. Birthplace..... **(Unknown) Missouri**  
 (City, town, or county) (State or foreign country)

16. (a) Informant..... **Elizabeth S. Saunders**  
 (b) Address..... **5444 Clemens**

17. (a) **Burial** (b) Date thereof..... **11-29-44**  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... **Bellefontaine**

18. (a) Signature of funeral director..... **Alphonse Bons**  
 (b) Address..... **6175 Delmar, Blvd**

19. (a) **NOV 27 1944** (Date received local registrar)  
**J. F. Medved** (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month **Nov.** day **27th**  
 year **1944** hour **5:55** minute **A** M.

21. I hereby certify that I attended the deceased from **Sept 1940**, to **Nov 27 1944**, that I last saw her alive on **Nov 26 1944**, and that death occurred on the date and hour stated above.

Immediate cause of death..... **Cerebral hemorrhage massive (apoplexy)**  
 Due to..... **Chronic arterio sclerosis**

Due to..... **Age**  
 Other conditions.....  
 (Include pregnancy within 3 months of death)

Major findings:  
 Of operations.....  
 Of autopsy.....

Duration  
**30 hours**  
**15 years**  
**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..... **Walter Fisher** (M. D. or other)  
 Address..... **3720 Washington** Date signed **11-27-1944**

DEC - 5 1945

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 *Thomas J. Lemock*.....

Licensed Embalmer No. *3793*.....

P. O. Address *St Louis Mo*  
*6175 Belmont Blvd*.....

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.