

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUSFILED JAN 5 1945  
318THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 39764

Registration District No. \_\_\_\_\_

Primary Registration District No. 1003

Registrar's No. 10919

## 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:  
Enroute City Hospital  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
 In this community \_\_\_\_\_  
years, months or days)

3. (a) PRINT FULL NAME Barbara Catherine Sanders3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. None4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Single

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

7. Birth date of deceased October 28th 1944  
(Month) (Day) (Year)8. AGE: Years \_\_\_\_\_ Months 1 Days 22 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.9. Birthplace St. Louis 0 Missouri  
(City, town, or county) (State or foreign country)10. Usual occupation Baby

11. Industry or business \_\_\_\_\_

12. Name Charles Sanders  
 13. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)  
 14. Maiden name Virginia Van Hoy  
 15. Birthplace Dupo Illinois  
(City, town, or county) (State or foreign country)

16. (a) Informant Virginia Sanders Mother(b) Address 507 E. Gano St.17. (a) Burial (b) Date thereof Dec 26th 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Memorial Park Cemetery18. (a) Signature of funeral director Petz Bros(b) Address 3029 Lafayette Ave19. (a) DEC 22 1944 J. J. Budech  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Mad  
 (c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 507 E. Gano Ave  
(If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 20th  
year 1944 hour 10:30 minute 09A M.21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_,  
and that death occurred on the date and hour stated above.

Immediate cause of death

Broncho Pneumonia  
Primary  
Due to \_\_\_\_\_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? \_\_\_\_\_

While at work \_\_\_\_\_ (Specify type of place) \_\_\_\_\_  
Means of injury \_\_\_\_\_23. Signature W. H. Perry (M. D. or other) \_\_\_\_\_  
Address \_\_\_\_\_ Date signed 12-22-44

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

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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 James D. Durin

Licensed Embalmer No. 2245

P. O. Address St. Louis, Mo.

**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.**