

No. 2
-12-45
5-17-39
X47020

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39146
39046

State File No. _____

FILED NOV 25 1946 18

1003

Registration District No. _____

Primary Registration District No. _____

Registrar's No. 9551

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:
4327 Darby Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 30 years (Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 6-0-11
(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 7-17
(d) Street No. 4327 Darby Avenue
(If rural, give location) 9
(e) Citizen of foreign country? No (Yes or No) 10
If yes, name country _____

3. (a) PRINT FULL NAME BERTHA CECELIA SANDERS

3. (b) If veteran, name war None 3. (c) Social Security No. 498-26-863

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Theodore Sanders 6. (c) Age of husband or wife if alive 69 years
7. Birth date of deceased September 13, 1894
(Month) (Day) (Year)

8. AGE: Years 52 Months 1 Days 28 If less than one day
hr. _____ min. _____

9. Birthplace Bloomington, Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Adney Clements

13. Birthplace Illinois
(City, town, or county) (State or foreign country)

14. Maiden name Emma Shepard

15. Birthplace Kansas
(City, town, or county) (State or foreign country)

16. (a) Informant Theodore Sanders

(b) Address 4327 Darby Avenue

17. (a) Burial (b) Date thereof 11-14-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director J. P. Baedert

(b) Address 2117 East Grand Blvd.

19. (a) NOV 14 1946 (b) J. P. Baedert
(Date received by local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 11th
year 1946 hour 6 minute 30 A.M.

21. I hereby certify that I attended the deceased from Feb. 1943
to Nov - 10 - 1946
that I last saw her alive on Nov - 10 - 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Retaining Ibc. Duration 540
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) (e) Means of injury 1

23. Signature Chas. S. Rawn (M. D. or other) _____
Address 539 N. Grand Ave Date signed 11-12-46

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

MOTHER FATHER

NOV 12 1946

(Licensed Embalmer's Statement on Reverse Side)

Chas. R. ...
Humboldt Bldg.
Je 4980

[Handwritten mark]

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 *Frank A. Moore*

Licensed Embalmer No. *3041*

P. O. Address *2117 E. Grand*

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.