

No. 2
-12-45
-5-17-39
I X47070

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39048**
Registrar's No. **9987**

FILED DEC 2 1946
Registration District No. **313**

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**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4854a Hammett Place
(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 **John A. Sanders**

3. (b) If veteran, name war..... 3. (c) Social Security No.....

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

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

7. Birth date of deceased..... **May 14, 1874**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
72 6 8 hr. min.

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

10. Usual occupation **Painter**

11. Industry or business.....

MOTHER FATHER

12. Name **Joseph Sanders**

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

14. Maiden name **Alice Mullens**
(City, town, or county) (State or foreign country)

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

16. (a) Informant **James R. Sanders**

(b) Address **5516a Palm St.**

17. (a) **Burial** (b) Date thereof **11-25-46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Old S.S. Peter & Paul**

18. (a) Signature of funeral director **Arthur J. Donnelly**

(b) Address **3840 Handel Blvd at Lindbergh**

19. (a) **NOV 22 1946** (Date received local registrar)
J. F. Bredeh (Registrar's signature)

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") **617**
(d) Street No. **4854a Hammett Place.** (If rural, give location) **9**
(e) Citizen of foreign country?..... (Yes or No) **0**
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov.** day **22nd.**
year **1946** hour **2** minute **30** A.M.

21. I hereby certify that I attended the deceased from **May 1st**
1946 to **Nov 22** **1946**
that I last saw him alive on **Nov 21** **1946**
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Carcinoma Liver

Due to.....
Chronic myocarditis

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....
Of autopsy..... **no**

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?

While at work?..... (Specify type of place) (e) Means of injury.....

23. Signature **D. A. P. Thomas** (M. D. or other)
Address **312 N Grand** Date signed **11-22-46**

224

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 Stanley Marshall

Licensed Embalmer No. 2868

P. O. Address. 3840 Hindell

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.