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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 7 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42908

State File No. _____

Registration District No. **318**

Primary Registration District No. **1003**

Registrar **11189**

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:
4350 A. Juniata St
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County _____ **000**

(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL") **17**

(d) Street No. **4350 A. Juniata St**
(If rural, give location) **169**

(e) Citizen of foreign country? _____ (Yes or No) **7**

If yes, name country _____

3. (a) PRINT FULL NAME **Georgia R. Sanders**

3. (b) If veteran, name war *********

3. (c) Social Security No. *********

4. Sex **Female** **5. Color or race** **White**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Daniel B. Sanders**

6. (c) Age of husband or wife if alive **68** years

7. Birth date of deceased **September 26 1873**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
73	3	2	_____ hr. _____ min.

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

10. Usual occupation **At Home**

11. Industry or business _____

12. Name **George Griffin**

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

14. Maiden name **Edmonia Beckham**

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

16. (a) Informant **Daniel B. Sanders**

(b) Address **4350 A. Juniata St**

17. (a) Removal **(b) Date thereof** **12-29-1946**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Kansas City, Mo**

18. (a) Signature of funeral director **J. P. Blay**

(b) Address **6409 Gravois Ave**

19. (a) DEC 29 1946 **(b) J. P. Blay**
(Date received for registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec** day **28**
year **1946** hour **10:15** minute **9** M.

21. I hereby certify that I attended the deceased from **12-16-46**
_____ 19____ to **12-28** 19**46**

that I last saw him alive on **12-28-46** 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Ch. Hypertension

Due to _____

Due to _____

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

Major findings:
Of operations _____

Of autopsy _____

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 **J. P. Blay** (M. D. **Blay**)

Address **8150 Morganway** Date signed **12/29/46**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

10
17

1177

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..... *Homer W. Dritz*

Licensed Embalmer No. *3882*

P. O. Address.....

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.