

No. 2
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DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED MAR 11 1948

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6925

State File No.

Registrar's No. 2059

Registration District No. 318

Primary Registration District No. 1003

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:
Homer G. Phillips
(If not in hospital or institution, write street number or location)
 (d) Length of stay: in hospital or institution 2 hrs. 9 mins
(Specify whether)
 In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Law
 (c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
 (d) Street No. 3627 Cook 9
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME

Brenda Lorena Sanders

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Fem.

3

5. Color or race Negro

6. (a) Single, widowed, married, divorced 0

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

7. Birth date of deceased 1 27 48
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day 2 hr. 9 min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name Leon Sanders

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

14. Maiden name Carrie Boose

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

16. (a) Informant Arthur M. Sherwood, R.R.D.

(b) Address 2601 N. Whittier

17. (a) Anatomical Board (b) Date thereof FEB. 29, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Anatomical Board

18. (a) Signature of funeral director Edward J. Rowland

(b) Address 4104 MANCHESTER

19. (a) FEB 29 1948 (b) J. J. Brockack
(Date recorded locally) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 27
 year 1948 hour 6 minute 15 P.M.

21. I hereby certify that I attended the deceased from 4:06 P.M.
1-27- 1947 to 6:15 P.M. 1948
 that I last saw her alive on 1-27- 1948
 and that death occurred on the date and hour stated above.

Immediate cause of death Atelectasis B
 Duration _____

Due to _____

Due to _____

Other conditions Intracranial Birth Injury ?
(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 0

23. Signature Ed J. Rowland (M.D. or other) I-28-48
 Address 2601 N. Whittier Date signed

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

MOTHER FATHER

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.....

Licensed Embalmer No.....

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.