

No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED AUG 6 1948
Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 24676
6502
Registrar's No. 1003

1. PLACE OF DEATH:
(a) County MO.
(b) City or town ST. LOUIS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital HOMER G. PHILLIPS HOSPITAL
(If not in hospital or institution, write street number and location)
(d) Length of stay: In hospital or institution.
In this community 30 years.
years, months or days (Specify whether)

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.")
(d) Street No. 1223 N. 11th ST.
25 (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Andrew Saunders
(b) If veteran, name war
(c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 20 day July
year 1948 hour 4 minute 30 A M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____
that I last saw him _____, 19____, alive on _____, 19____
and that death occurred on the date and hour stated above.
Immediate cause of death _____
Duration _____

4. Sex Male 5. Color or race COL.
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 Sept. 17, 1897
(Month) (Day) (Year)

8. AGE: Years 50 Months 10 Days 3
If less than one day _____ hr. _____ min.

9. Birthplace Memphis, TENN.
(City, town, or county) (State or foreign country)
10. Usual occupation PIN SETTER

11. Industry or business
12. Name William Saunders
13. Birthplace Memphis, TENN.
(City, town, or county) (State or foreign country)
14. Maiden name Lena Collins
15. Birthplace UNKNOWN.
(City, town, or county) (State or foreign country)

16. (a) Informant Chem. Saunders
(b) Address 1308 N. 9th St.
17. (a) Burial (b) Date thereof 7-27-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Oakdale Cemetery
18. (a) Signature of funeral director W. Robinson & Sons
(b) Address 2216 Dickson St.
Aug 23 1948
19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

Due to Coronary Artery
Due to (Sclerosis)
Other conditions _____
(Include pregnancy within 3 months of death)
Major findings: _____
Of operations _____
Of autopsies _____
PHYSICIAN _____
Underline the cause of 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 J. F. Braddock (M. D. or other)
Address _____ Date signed 8/23/48

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

MOVING 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..... *Leroy H. Fannister*

..... Licensed Embalmer No. *4523*

..... P. O. Address *3880 Easton Ct*

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.