No. 300
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 12 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 34646

Registrar's No. 9145

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:
Mo. Baptist Hospital. D
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution D. O. A. (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96

(c) City or town Pine Lawn
(If outside city or town limits, write "RURAL")

(d) Street No. 2142 Cherry Avenue. 1
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME John W. Sanders.

3. (b) If veteran, name war None

3. (c) Social Security No.

4. Sex Male D

5. Color or race White

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

6. (b) Name of husband or wife Myrtle Sanders.

6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased February 22, 1894.
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
54	7	28	hr. min.

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

10. Usual occupation Tavern Operator.

11. Industry or business

FATHER
12. Name John Sanders.
13. Birthplace Dora England. 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Dora Webb.
15. Birthplace Tennessee. 1
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Myrtle Sanders.
(b) Address 2142 Cherry Avenue.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-23-1948.
(Month) (Day) (Year)
(c) Place: burial or cremation St. Peters Cemetery.

18. (a) Signature of funeral director Geo. L. Pleitsch. Inc.
(b) Address 5966-68 Easton Avenue.

19. (a) OCT 22 1948 (Date received local registrar) (b) J. B. Lasater (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 20th.
year 1948 hour 12:45 A.M. minute M.

21. I hereby certify that I attended the deceased from October 19, 1948, to October 20, 1948; that I last saw him alive on October 19, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Lobar Pneumonia	4 days
Due to Acute Upper Respiratory Infection	2 wks
Due to	
Other conditions (Include pregnancy within 3 months of death)	

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

23. Signature P. S. Kenzel M.H. (M. D. or other)
Address 4 or Mo Taylor Date signed 10/20/48

(Licensed Embalmer's Statement on Reverse Side)

Dr. P.S.Wenzel.
462 N. Taylor Avenue.
Jefferson 2110

NOV 13 1948

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 Clement T. McNeary

Licensed Embalmer No. 3732

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.