

No. 10-47  
5-17-39  
PI 3906

FEDERAL SECURITY AGENCY  
National Office of Vital Statistics  
FILED OCT 23 1948

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH  
1003

State File No. 34647  
Registrar's No. 8911

Registration District No. 098

Primary Registration District No.

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

1. PLACE OF DEATH:  
(a) County  
(b) City or town Saint Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
4398 West Pine Blvd.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution  
In this community  
years, months or days

3. (a) PRINT FULL NAME Alice Haley Sanderson  
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, Widowed  
6. (b) Name of husband or wife Robert B. Sanderson  
6. (c) Age of husband or wife if alive  
7. Birth date of deceased Sept. 11, 1866  
(Month) (Day) (Year)

8. AGE: Years 82 Months 1 Days 2  
If less than one day hr. min.

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

10. Usual occupation At home

11. Industry or business

12. Name Frank Coleman Haley

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

14. Maiden name Mary Jane Hardwick

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

16. (a) Informant Miss Mildred Sanderson

(b) Address 4398 West Pine Blvd.

17. (a) Burial (b) Date thereof Oct. 15, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Louisiana, Missouri.

18. (a) Signature of funeral director Craig Mortuary,

(b) Address 4468 Washington-8-

19. (a) OCT 14 1948 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County  
(c) City or town Saint Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4398 West Pine Blvd.  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 13 - 1948  
year 3:30 hour 3 minute 30 P.M.

21. I hereby certify that I attended the deceased from 19 to 10-13 1948  
that I last saw her alive on 9/7 and that death occurred on the date and hour stated above.

Immediate cause of death  
Heart disease -  
Myocarditis -  
Arteriosclerosis

Due to  
Due to  
Other conditions:  
(Include pregnancy within 3 months of death)

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?

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

23. Signature Wm B Koaritz (M. D. or other)

Address 4150 West Pine Blvd Date signed 8/14

(Licensed Embalmer's Statement on Reverse Side)

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**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 *Philip M. Leary*

Licensed Embalmer No. 3281

P. O. Address. Saint Louis -8-

**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.**