

FILED JUL 29 1950

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 24687

6175

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis, Missouri		c. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS 2199	
d. FULL NAME OF HOSPITAL OR INSTITUTION City Infirmary Hospital		17. STREET ADDRESS (If rural, give location) 2619 S. COMPTON AV	
3. NAME OF DECEASED (Type or Print) a. (First) Sanders		c. (Last) Dexter	
4. DATE OF DEATH (Month) (Day) (Year) July 18, 1950.		5. SEX 0 6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W Y		8. DATE OF BIRTH 9 1869-04-81	
9. AGE (In years last birthday) 81		10. KIND OF BUSINESS OR INDUSTRY NIL	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NIL		11. BIRTHPLACE (State or foreign country) KENTUCKY	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME UNKNOWN DEXTER	
13b. MOTHER'S MAIDEN NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME. ADDRESS Mrs. Frank L. Dement 2619 S. Compton			

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic cardiac disease 1949 plus, Senile ANTECEDENT CAUSES Deterioration -many years. Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? H200	

22. I hereby certify that I attended the deceased from _____, 19____, to July 18, 1950, that I last saw the deceased alive on July 18, 1950, and that death occurred at 7:00A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Palmer Truman Borchert M.D.		23b. ADDRESS 5800 Arvernal St.		23c. DATE SIGNED 7/18/50	
---	--	-----------------------------------	--	-----------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE JULY-19-50		24c. NAME OF CEMETERY OR CREMATORY CHERRY VALLEY ARK.		24d. LOCATION (City, town, or county) (State) ARKANSAS	
--	--	-------------------------	--	--	--	---	--

DATE REC'D BY LOCAL REG. JUL 18 1950		REGISTRAR'S SIGNATURE J. B. Foster		25. FUNERAL DIRECTOR'S SIGNATURE E. J. Schur		ADDRESS 3125 Lafayette St	
---	--	---------------------------------------	--	---	--	------------------------------	--

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

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed Joseph P. Tollmer
Licensed Embalmer No. 4014

P. O. Address 3125 Lafayette

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.