

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14738

State File No.

3271

LED APR 25 1952

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

1. PLACE OF DEATH a. COUNTY 5		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY 2129	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION Masonic Home Hospital		d. STREET ADDRESS (If rural, give location) 5351 Delmar Blvd, St. Louis, Mo	

3. NAME OF DECEASED (Type or Print) a. (First) Alexander b. (Middle) J. c. (Last) Sanders			4. DATE OF DEATH (Month) (Day) (Year) Apr. 6 1952		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH March 6, 1861		9. AGE (In years last birthday) 91		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Repairman	
11. BIRTHPLACE (State or foreign country) New York, N. Y.		12. CITIZEN OF WHAT COUNTRY? /		13. FATHER'S NAME John Sanders	

13b. MOTHER'S MAIDEN NAME Rose Langur		14. NAME OF HUSBAND OR WIFE Adrina Lohring, deceased	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service)		16. SOCIAL SECURITY NO. NO	
17. INFORMANT'S SIGNATURE OR NAME John P. ... ADDRESS Supt. Masonic Home of Missouri, 5351 Delmar			

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Myocarditis		DUE TO (b) Hypertension		5 days	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) Cardio-Vascular-Renal Disease		1 year	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				2 years	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 442 X	

22. I hereby certify that I attended the deceased from **Aug. 26, 1947**, to **April 6, 1952**, that I last saw the deceased **live on April 5, 1952**, and that death occurred at **4:15 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE John P. ... (Degree or title)		23b. ADDRESS 508 N. Grand Blvd.		23c. DATE SIGNED 4/6/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 4-8-52		24c. NAME OF CEMETERY OR CREMATORY CALVARY	
24d. LOCATION (City, town, or county) (State) ST. LOUIS Mo		24e. DATE REC'D BY LOCAL REG. APR 8 1952		24f. REGISTRAR'S SIGNATURE J. Charles ...	

25. FUNERAL DIRECTOR'S SIGNATURE Jos. P. Fendler Jr. ADDRESS 7128 MICHIGAN	
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WRITE PLAINLY—USING UNFADING 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 Clarence Pochow

Licensed Embalmer No. 3093

P. O. Address 7178 Michigan

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.