

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6749

State File No.

FILED MAR 4 1954

BIRTH NO.

REG. DIST. NO.

318

PRIMARY REG. DIST. NO.

1003

Registrar's No.

1379

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>2057</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS, MISSOURI</u>		c. LENGTH OF STAY (In this place) <u>7 days</u>	c. CITY OR TOWN <u>ST LOUIS</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. LOUIS CITY HOSPITAL</u>			e. STREET ADDRESS (If rural, give location) <u>5 556 S VERNON AVE</u>		
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) <u>RAYMOND</u>	b. (Middle) <u>Oscar</u>	c. (Last) <u>SANBORN</u>	FEBRUARY	12,	1954
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Dec 6, 1896</u>	9. AGE (In years last birthday) <u>57</u>	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Tool & Die Worker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Curtis Corp.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Home, Ill</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>UNKNOWN</u>		13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>		14. NAME OF HUSBAND OR WIFE <u>OPAL M SANBORN</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>489-03-2933</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Opal Sanborn 556 Vernon Ave</u>			
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, asthma, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Thrombosis</u>			INTERVAL BETWEEN ONSET AND DEATH		
ANTECEDENT CAUSES			DUE TO (b) <u>Hypertensive Encephalopathy</u>		
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			DUE TO (c) <u>Hypertensive Cardiovascular Disease</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" 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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>443x</u>			
22. I hereby certify that I attended the deceased from <u>2-4-54</u> , 19 <u> </u> , to <u>2-12-54</u> , 19 <u> </u> , that I last saw the deceased alive on <u>2-12-54</u> , 19 <u> </u> , and that death occurred at <u>6:45A</u> m., from the causes and on the date stated above.					
23a. SIGNATURE <u>Richard S. Buchanan</u>		(Degree or title) <u>M.D.</u>	23b. ADDRESS <u>1515 Lafayette Avenue</u>		23c. DATE SIGNED <u>2-12-54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>Feb 15, 54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Leoni Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Leoni Ill.</u>		
DATE REC'D BY LOCAL REG. <u>FEB 13 1954</u>	REGISTRAR'S SIGNATURE <u>J. Cash Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W. Baumann Bros 250 W. Woodson St. Crestland, Mo.</u>		

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.....
Signature of Student Embalmer

Signed *David C. Gibson*.....

Licensed Embalmer No. *344*

P. O. Address *Carla*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.