

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **6755**
 BIRTH NO. **FILLED MAR 11 1954** REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **1819**

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis			
b. CITY (If outside corporate limits, write RURAL and give township) S. Louis		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) Clayton 4467		d. STREET ADDRESS (If rural, give location) 6620 San Bonita Ave	
d. FULL NAME OF HOSPITAL OR INSTITUTION Jewish Hospital							
3. NAME OF DECEASED (Type or Print) a. (First) LYNNWOOD b. (Middle) D DAVIDSON c. (Last) SAUNDERS			4. DATE OF DEATH (Month) (Day) (Year) 2 25 1954				
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Nov. 10, 1889	
9. AGE (In years last birthday) 64		IF UNDER 1 YEAR Months 3 Days 15 Hours Min. 		IF UNDER 24 HRS. Hours Min. 		12. CITIZEN OF WHAT COUNTRY? USA	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Agent Mass Mutual Life Ins. Co			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Potosi, Mo.		
13a. FATHER'S NAME Ernest / Saunders			13b. MOTHER'S MAIDEN NAME Mary Clark Davidson		14. NAME OF HUSBAND OR WIFE Edna Sauerbrunn		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.		16. SOCIAL SECURITY NO. 496-20-8840		17. INFORMANT'S SIGNATURE OR NAME Warren Saunders, New York City, N. Y.			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac decompensation ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) C.V. R. disease DUE TO (c) Myocardial infarct II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH 1 yr. 5 yrs. 1946
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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 442X			
22. I hereby certify that I attended the deceased from Jan , 19 53 , to 2/25/54 , 19 54 , that I last saw the deceased alive on 2/24/54 , 19 54 , and that death occurred at 12.50A.m. , from the causes and on the date stated above.							
23a. SIGNATURE Paul K. Webb			(Degree or title) M. D.		23b. ADDRESS Chemical Bldg.		
23c. DATE SIGNED 2/25/54							
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2/27/54		24c. NAME OF CEMETERY OR CREMATORY Yalhalla Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.	
DATE REC'D BY LOCAL REG. FEB 25 1954		REGISTRAR'S SIGNATURE Carl Smith		25. FUNERAL DIRECTOR'S SIGNATURE Ambruster Mortuary 6633 Clayton Road			
				ADDRESS 6633 Clayton Road			

(Licensed Embalmer's Statement on Reverse Side)

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed *Ernest W. Spillar*

Licensed Embalmer No. *14080*

P. O. Address.....

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.