

STANDARD CERTIFICATE OF DEATH

State File No. **7220**

BIRTH NO. **FILED FEB 18 1954** REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **548** Registrar's No. **202**

1. PLACE OF DEATH a. COUNTY St. Louis		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) OR TOWN Webster Groves		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Webster Groves	
c. LENGTH OF STAY (in this place) 34 yrs.		d. STREET ADDRESS (If rural, give location) 812 Cornell Avenue	
d. FULL NAME OF HOSPITAL OR INSTITUTION 812 Cornell Avenue		e. FULL NAME OF HOSPITAL OR INSTITUTION 812 Cornell Avenue	

3. NAME OF DECEASED (Type or Print) Betty Sanders			4. DATE OF DEATH (Month) (Day) (Year) Jan. 19, 1954		
a. (First)	b. (Middle)	c. (Last)	Month	Day	Year

5. SEX Female	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 9, 1886		9. AGE (In years last birthday) 67		IF UNDER 1 YEAR Months 2	IF UNDER 24 HRS. Days 10	Hours	Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY same		11. BIRTHPLACE (City and State or Foreign Country) New Waverly, Texas		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
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13a. FATHER'S NAME W. K. Baltrip		13b. MOTHER'S MAIDEN NAME Gealy		14. NAME OF HUSBAND OR WIFE Hardy Sanders	
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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. none		17. INFORMANT'S SIGNATURE OR NAME Hardy Sanders		ADDRESS 812 Cornell Ave.	
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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) Cardio-renal vascular disease				INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension				one week	
		DUE TO (c)					
		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 type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT: (Specify) SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) X		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) X	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 12:00 AM 1/19/54		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? X	

22. I hereby certify that I attended the deceased from 12-15, 1953, to 1-19, 1954, that I last saw the deceased alive on 1-19, 1954, and that death occurred at 3 P. M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Francis D. Allen, M.D.		23b. ADDRESS 826 N. Channing St. Louis		23c. DATE SIGNED 1-19-54	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1/25/1954	24c. NAME OF CEMETERY OR CREMATORY Father Dickson Cemetery	24d. LOCATION (City, town, or county) (State) Kirkwood, Missouri
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DATE REC'D BY LOCAL REG. 1/23/54	REGISTRAR'S SIGNATURE Walter B. Tompkins	25. FUNERAL DIRECTOR'S SIGNATURE Charles J. Gates	ADDRESS 4107 Finney Av
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300
10-48

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 Arthur L. Heald

Licensed Embalmer No. 4221

P. O. Address 4107 Finney Avenue

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.