

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 28382

FILED SEP 13 1955

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 2046

1. PLACE OF DEATH a. COUNTY <u>St. Louis, County</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis, County</u>		c. CITY OR TOWN <u>St. Louis County</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis County Hospital</u>		STREET ADDRESS (If rural, give location) <u>1512 Kappel Drive</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Lynnwood</u> b. (Middle) _____ c. (Last) <u>Saunders Jr.</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 30, 1955</u>		
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>Mar 14 1916</u>	9. AGE (In years last birthday) <u>39</u>	10. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Saleman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Insurance</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Mo</u>	

13a. FATHER'S NAME <u>Lynnwood Saunders</u>		13b. MOTHER'S MAIDEN NAME <u>Edna Sauerbrunn</u>		14. NAME OF HUSBAND OR WIFE <u>Patricia Saunders</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes WW-2</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Patricia Saunders 1512 Kappel Drive</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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Infarction of Myocardium</u>		INTERVAL BETWEEN ONSET AND DEATH <u>one day</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Artery, thrombosis of</u>		
	DUE TO (c) <u>none</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>none</u>		4201	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>None</u>		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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from Aug. 25, 1955, to August 30, 1955, that I last saw the deceased alive on August 25, 1955, and that death occurred at 11:45 P.M. from the causes and on the date stated above.

23a. SIGNATURE <u>James P. Murphy, M.D.</u>		23b. ADDRESS <u>607 North Grand Blvd.</u>		23c. DATE SIGNED <u>9-1-55</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept 2 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u>	
24d. LOCATION (City, town, or county) (State) <u>St. Louis, County Mo</u>					

DATE REC'D BY LOCAL REG. <u>9/1/55</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Donohue M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Sullivans Funeral Directors 2849 N Euclid</u>	
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S.G. (Licensed Embalmer's Statement on Reverse Side)

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

1-3³⁰ PM

937 University Club
Dr. James P. Murphy

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

Albert M. Ayello

Licensed Embalmer No. 30

P. O. Address *H. Row*

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.