

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-016353
STATE FILE NUMBER

FILED MAY 8 1959

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 1217

300
-57

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before.) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Maryland Heights		c. CITY OR TOWN Maryland Heights	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 311 Dorsett Ave.		d. STREET ADDRESS (If outside, give location) 311 Dorsett Ave.	
Length of stay in 1b 12 yrs.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Dorothy Middle Blanche Last Sanders			4. DATE OF DEATH Month May Day 2 Year 1959		
---	--	--	--	--	--

5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Dec. 31, 1916	9. AGE (In years as birthday) 42	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
-------------------------	----------------------------------	---	--	--	--	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and state or country) St. Louis, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
---	--	--	---

13a. FATHER'S NAME Claude R. Chard	13b. MOTHER'S MAIDEN NAME Cora Mae Boatwright	14. NAME OF HUSBAND OR WIFE Clyde B. Sanders
--	---	--

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. UNKNOWN	17. INFORMANT Address Clyde B. Sanders, 311 Dorsett Ave.
--	---	---

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Sarcoma of Intestine DUE TO (b) e. metastases Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 1539
---	---

20c. TIME OF INJURY Hour _____ Month, Day, Year a.m. _____ p.m. _____	20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY _____ STATE _____
---	---	--	--

21. I attended the deceased from **00 cc. 1958**, to **April 1959** and last saw her alive on **April 26, 1959**.
Death occurred at **- May 2, 1959 2 P.M.** on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Gilbert M. Lassa M.D.	22b. ADDRESS 6223 National Bridge	22c. DATE SIGNED 5-2-59
--	---	-----------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 5-5-1959	23c. NAME OF CEMETERY OR CREMATORY Fee Fee Cemetery	23d. LOCATION (City, town, or county) (State) Bridgeton, Missouri
--	------------------------------	---	---

24. FUNERAL DIRECTOR Baumann Bros. Inc. Overland, Mo.	25. DATE RECD. BY LOCAL REG. 5-4-59	26. REGISTRAR'S SIGNATURE John C. Murphy M.D.
---	---	---

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 E. Gil*

Licensed Embalmer No. *3154*

P. O. Address *Oberlin*

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.