

# MARI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

**FILED VS AUG 27 1959**

**59-030761**

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar's No. **2 7547** STATE FILE NUMBER

<b>1. PLACE OF DEATH</b> a. COUNTY _____ b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b> Length of stay in lb <b>54 yrs</b>				<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY _____ c. CITY OR TOWN <b>St. Louis</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) <b>3619a N. 14th St.</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
<b>3. NAME OF DECEASED</b> (Type or print) <b>Ada</b> First <b>G.</b> Middle <b>Sanner</b> Last			<b>4. DATE OF DEATH</b> Month <b>Aug.</b> Day <b>14</b> Year <b>1959</b>				
<b>5. SEX</b> <b>F</b>	<b>6. COLOR OR RACE</b> <b>W</b>	<b>7. Married</b> <input checked="" type="checkbox"/> <b>Never Married</b> <input type="checkbox"/> <b>Widowed</b> <input type="checkbox"/> <b>Divorced</b> <input type="checkbox"/>	<b>8. DATE OF BIRTH</b> <b>Feb. 11 1886</b>	<b>9. AGE</b> (last birthday) <b>73</b> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HR: Hours _____ Min. _____			
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Retired Saleslady</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>Bake shop</b>		<b>11. BIRTHPLACE</b> (City and state or country) <b>Mt. Carmel, Ill.</b>			
<b>12. CITIZEN OF WHAT COUNTRY</b> <b>U S A</b>		<b>13a. FATHER'S NAME</b> <b>Elizah Williams</b> <b>13b. MOTHER'S MAIDEN NAME</b> <b>Hannah Pate</b> <b>14. NAME OF HUSBAND OR WIFE</b> <b>Carl Sanner</b>					
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		<b>16. SOCIAL SECURITY NO.</b> <b>499-28-5850</b>		<b>17. INFORMANT</b> <b>Carl Sanner</b> Address <b>3619a N. 14th St.</b>			
<b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>acute coronary occlusion</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>old myocardial infarction left</b> DUE TO (c) <b>coronary sclerosis</b>				INTERVAL BETWEEN ONSET AND DEATH <b>2 hrs</b> <b>16 mos.</b>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>diabetes mellitus</b>			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown				
<b>19. WAS AUTOPSY PERFORMED?</b> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	<b>20a. ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/>		<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.) _____				
<b>20c. TIME OF INJURY</b> Hour _____ a.m. _____ p.m. Month, Day, Year _____	<b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> <b>NOT WHILE AT WORK</b> <input type="checkbox"/> <b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ <b>20f. CITY, TOWN, OR LOCATION</b> _____ <b>COUNTY</b> _____ <b>STATE</b> _____						
<b>21. I attended the deceased from</b> <b>mar 1950</b> to <b>aug 14th 1959</b> and last saw her <b>8-13-59</b> live on _____ Death occurred at <b>2:30 A m</b> on the date stated above, and to the best of my knowledge, from the causes stated.							
<b>22a. SIGNATURE</b> (Degree or title) <b>Dominic J. Verda M.D.</b>			<b>22b. ADDRESS</b> <b>45000 hie St</b>		<b>22c. DATE SIGNED</b> <b>8-14-59</b>		
<b>23a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>removal</b>	<b>23b. DATE</b> <b>Aug. 17, 1959</b>	<b>23c. NAME OF CEMETERY OR CREMATORY</b> <b>Lake Charles Cemetery</b>		<b>23d. LOCATION</b> (City, town, or county) <b>St. Louis County, Mo.</b> (State) _____			
<b>24. FUNERAL DIRECTOR</b> <b>Suedmeyer &amp; Sons</b> ADDRESS <b>3934 N. 20th St.</b>		<b>25. DATE RECD. BY LOCAL REG.</b> <b>AUG 14 59</b>		<b>26. REGISTRAR'S SIGNATURE</b> <b>Carl Smith. M.D.</b>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

*9. m*

**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 Robert M. Murray

Licensed Embalmer No. 3849

P. O. Address St. Louis

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.