

DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-017557

FILED VS APR 22 1960

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 548 Registrar's No. 1156

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| 1. PLACE OF DEATH a. COUNTY ST. LOUIS | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY ST LOUIS | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN WEBSTER GROVES | Length of stay in 1b 2 Mks | c. CITY OR TOWN WEBSTER GROVES | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 608 PLATEAU | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) 508 PLATEAU |
| | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |

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|---|-------------------------------|---|--|----------------------------------|---|
| 3. NAME OF DECEASED (Type or print) First ADOLPH Middle SAUNDERS Last BEY | | | 4. DATE OF DEATH Month April Day 5 Year 1960 | | |
| 5. SEX MALE | 6. COLOR OR RACE NEGRO | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH Nov 16 1892 | 9. AGE (last birthday) 67 | IF UNDER 1 YEAR Months Days Hours Min. |
| 10a. MAJOR OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER | | 10b. KIND OF BUSINESS OR INDUSTRY FARMING | 11. BIRTHPLACE (City and state or country) TENN. | | 12. CITIZEN OF WHAT COUNTRY U.S.A. |

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| 13a. FATHER'S NAME ALBERT SAUNDERS | 13b. MOTHER'S MAIDEN NAME LEE ANNA | 14. NAME OF HUSBAND OR WIFE BLANCH BEY |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO | 16. SOCIAL SECURITY NO. NONE | 17. INFORMANT Blanch Bey RR Nayti Mo |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis | | INTERVAL BETWEEN ONSET AND DEATH 2 mo |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |

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| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 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.) |
| 20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____ | | |

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|---|--|---|
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 3-28-60 to 4-5-60 and last saw her/him alive on 4-5-60 Death occurred at _____ m on the date stated above, and to the best of my knowledge from the causes stated. | | |

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| 22a. SIGNATURE Kusan. W. [Signature] (Degree or title) | 22b. ADDRESS Webster Groves | 22c. DATE SIGNED 4-7-60 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL | 23b. DATE 4/6/60 | 23c. NAME OF CEMETERY OR CREMATORY HAYTI MO CEM. HAYTI |
| 23d. LOCATION (City, town, or county) MO | | |

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| 24. FUNERAL DIRECTOR T.T. YANDELL & SONS ADDRESS 177 E. KIRKMAN | 25. DATE RECD. BY LOCAL REG. APR 7 1960 | 26. REGISTRAR'S SIGNATURE [Signature] |
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

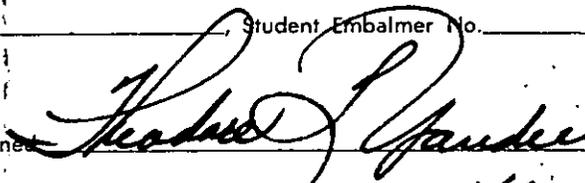
MAY 18 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed  _____

Licensed Embalmer No. 424

P. O. Address 1346 8th Ave
Wester Grov

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.