

MISSOURI DIVISION OF HEALTH STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

7994-62-032871
STATE FILE NUMBER

18097134 SL 23955
Primary Registration District No.

FILED AUG 22 1962

DO NOT WRITE ON THIS STUB

AMENDED

Registrar's District No. _____ Registrar's No. _____

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St Louis, Mo.		Length of stay in 1b 2 days	c. CITY OR TOWN St Louis Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Vets Adm Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 3137 N 11th St Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First JESSE Middle F Last SANDERS		4. DATE OF DEATH Month 8 Day 14 Year 62	
5. SEX Male	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 6/24/92
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Saw Filer		10b. KIND OF BUSINESS OR INDUSTRY Lumber	9. AGE (last birthday) 68 70
11. BIRTHPLACE (City and state or country) Reynolds County, Mo		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Franklin Sanders		13b. MOTHER'S MAIDEN NAME Van	
14. NAME OF HUSBAND OR WIFE Mabel Sanders		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW I	
16. SOCIAL SECURITY NO.		17. INFORMANT Mable Sanders (wife) (same as 2 above)	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ACUTE MYOCARDIAL INFARCTION DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. 4201			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)			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
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 _____ Month, Day, Year _____ a.m. _____ p.m. _____		20d. INJURY OCCURRED WHILE AT WORK <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. <input checked="" type="checkbox"/> attended the deceased from 8-13-62 12:50a. to 8-14-62 and last saw ^{DECEASED} live on 8-14-62 Death occurred at 5:00 PM m on the date stated above, and to the best of my knowledge, from the causes stated.			
22. SIGNATURE <i>Joseph P. Schaeffer</i> (Degree or title) JOSEPH P. SCHAEFFER MD		22b. ADDRESS VAH, St Louis, Mo.	
22c. DATE SIGNED 8/14/62		23. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 8-17-62	
23c. LOCATION (City, town, or county) (State) St. Louis County, Mo.		24. FUNERAL DIRECTOR Stock Mortuaries, 2117 E. Grand	
25. DATE RECD. BY LOCAL REG. 1 AUG 16 1962		26. REGISTRAR'S SIGNATURE <i>Loan Smith, M.D.</i>	

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 Paul A. Wachtel

Licensed Embalmer No. 4787

P. O. Address St. Louis Mo.

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.