AUG 22 1927

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

22428

1. PLACE OF DEATH

County St. Mary's Hospital Registration District No. 790

Township ~~St. Louis County~~ Primary Registration District No. 60 33

City Richmond Hts (No. St Mary's Hosp St. Ward)

File No. 184

Registered No.

2. FULL NAME Arnold F. Sanders

(a) Residence. No. 8674 Burton Ave St., Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male

4. COLOR OR RACE white

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~ Mary Smith.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 19th 1889

7. AGE 37 YEARS 8 MONTHS 26 DAYS If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Concrete Contractor

(b) General nature of industry, business, or establishment in which employed (or employer) Grantoid Ind concrete Co

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St Peters

(STATE OR COUNTRY) Mo.

PARENTS

10. NAME OF FATHER Arnold Sanders

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER Mary Pohlmeyer

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

14. INFORMANT Mrs. Arnold F. Sanders
(Address) 8674 Burton Ave

15. FILED 7/14 1927 J. B. Fredduth
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 13 1927

17. I HEREBY CERTIFY, That I attended deceased from July 13, 1927, to July 13, 1927 that I last saw h. l. m. alive on July 13, 1927, and that death occurred, on the date stated above, at 7:30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cancer, (Carcinoma -) of rectum -

46 D

17 9 B (duration) yrs. 1 mos. ds.

CONTRIBUTORY (SECONDARY) Hemorrhage of rectum

(duration) yrs. mos. 1 ds.

45

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?

0 DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS? Post mortem

(Signed) R. A. Walther, M. D

7/14, 1927 (Address) 2438 Woodson Rd Overland Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Calvary Cem

DATE OF BURIAL July 16 1927

20. UNDERTAKER Thomas J Finan

ADDRESS 1519 S. Grand Blvd

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.