

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

Do not use this space.

4753

**1. PLACE OF DEATH**

County..... Registration District No. 791  
 Township..... Primary Registration District No. 1003  
 City St. Louis (No. City Hospital # 2) St. .... Ward)

**2. FULL NAME**

Laura Sanders  
 (a) Residence. No. 1006<sup>a</sup> N. 14th St., 25 Ward. (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 <u>Female</u>	4. COLOR OR RACE <u>Col.</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Sept 1, 1890</u>		
7. AGE	YEARS <u>38</u>	MONTHS <u>4</u>
	DAYS <u>23</u>	IF LESS than 1 day, ..... hrs. or ..... min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. <u>Laundress</u> (b) General nature of industry, business, or establishment in which employed (or employer). (c) Name of employer		

**9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)**

PARENTS	10. NAME OF FATHER <u>Harry Maxwell</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Miss</u>
	12. MAIDEN NAME OF MOTHER <u>Charity Hemmett</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Miss</u>

14. INFORMANT (Address) Annast Woodard City Hospital # 2

15. FILED JAN 30 1929 REGISTRAR W. E. Stark

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1-24-1929

17. I HEREBY CERTIFY, That I attended deceased from 1-22-1929 to 1-24-1929 that I last saw her alive on 1-24-1929, and that death occurred, on the date stated above, at 6:45 A. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Solus Pneumonia (left)  
105  
95B (duration) yrs. mos. 11 ds.  
 CONTRIBUTORY (SECONDARY) Acute Dilatation of Heart (duration) yrs. mos. 2 ds.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH 101 W

DID AN OPERATION PRECEDE DEATH? no DATE OF

19. WAS THERE AN AUTOPSY? no  
 WHAT TEST CONFIRMED DIAGNOSIS Post-mortem  
 (Signed) Ben Cunningham M. D.  
 19 (Address) 2945 Stanton

\*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 Garden Miss DATE OF BURIAL 1-30-1929

20. UMBERTAKER W. S. Wade & Sons ADDRESS 4202 Finney

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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