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

Do not use this space.

8634

1. PLACE OF DEATH

County..... Registration District No. 191

Township..... Primary Registration District No. 1003

City St. Louis No. City Infirmary St. ..... Ward)

File No.....

Registered No. 2305

2. FULL NAME Bernard Sanders

(a) Residence. No. City Infirmary St. 13 Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 64 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): widowed

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF .

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Unknown

AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ____ hrs. or ____ min.
	75	Unknown		

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Mechanic

(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) New York

PARENTS

10. NAME OF FATHER

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

12. MAIDEN NAME OF MOTHER

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

14. INFORMANT Mrs. M. Effinger

(Address) City Infirmary

15. FILED FEB 20 1929 Mary C. Tarter REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2/18 1929

17. I HEREBY CERTIFY, That I attended deceased from May 25, 1928, to Feb. 18, 1929 that I last saw h. alive on Feb. 18, 1929, and that death occurred, on the date stated above, at 1:45 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myocarditis

93c 90B

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical & Physical Signs

(Signed) Myron C. Tenh, M.D

2/18, 19 (Address) City Infirmary

*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: PARK LAWN. DATE OF BURIAL: Feb. 21 1929

20. UNDERTAKER: A. TRUBE UND. Co. ADDRESS: 1819 Russell Blvd

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

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Traube. Und. Co
1819 Russell [illegible]
Vict 1745