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

Do not use this space.

12528

1. PLACE OF DEATH

County..... Registration District No. 791 File No.

Township..... Primary Registration District No. 1093 Registered No. 3052

City St Louis Mo 500 (No.) Lakeshore Highway St Louis Children's Hosp (Ward)

2. FULL NAME Deceased Sanders

(a) Residence. No. 7220 Lacrosse St., Wards 12 Webster Groves Mo
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Infant

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 7-10-27

7. AGE Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
1	~~20~~ 7	29	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Webster Groves
(STATE OR COUNTRY) Mo

PARENTS

10. NAME OF FATHER Burt Sanders
11. BIRTHPLACE OF FATHER (CITY OR TOWN) St. Louis
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Katherine Zuber
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Webster Groves

14. INFORMANT Stepfather
(Address) 500 Lakeshore Highway

15. FILED MAR 11 1929 Mary C Stoeffel Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3-9-1929

17. I HEREBY CERTIFY, That I attended deceased from 3-9, 1929, to 3-9, 1929, that I last saw him alive on 3-9, 1929, and that death occurred, on the date stated above, at 3 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Broncho-pneumonia (non-Tb)
Bronchiectasis
Pleurisy - Hemorrhagic
(duration) yrs. mos. 2 ds.
CONTRIBUTORY (SECONDARY) Acute rhino-pharyngitis (non-diphtheric)
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? yes
WHAT TEST CONFIRMED DIAGNOSIS? autopsy
(Signed) George S Little, M. D
3-9, 1929 (Address) St Louis Children Hosp.

*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 Oak Hill Cemetery — DATE OF BURIAL 3/11/29, 19

20. UNDERTAKER Croghan - 7146 Manchester — ADDRESS

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.