

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

Do not use this space.

23327

1. PLACE OF DEATH

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

File No.....
 Registered No. 6812
 St. Ward)

2. FULL NAME

John Sanders
 (a) Residence. No. 1807-A Goode St. 6 Ward. (If nonresident, give city or town and State)
 (Usual place of abode)
 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>Male</u>	4. COLOR OR RACE <u>Colored</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Pinkey Sanders</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>May 4, 1874</u>		
7. AGE YEARS <u>55</u>	MONTHS <u>1</u>	DAYS <u>21</u>
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Laborer</u> (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer		

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 25, 1929

17. I HEREBY CERTIFY, That I attended deceased from 19....., to 19....., that I last saw h..... alive on 19....., and that death occurred, on the date stated above, at m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Shock & injuries
(Septimal)
Crushed by crane
(Steam)
 duration) (.....) ds.

CONTRIBUTORY (SECONDARY) Accident
 (duration) yrs..... mos..... ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT IN PLACE OF DEATH.....
 DID AN OPERATION PRECEDE DEATH..... DATE OF.....
 WAS THERE AN AUTOPSY yes
 WHAT TEST CONFIRMED DIAGNOSIS
 (Signed) J. W. Kemer, M.D.
6/16, 1929 (Address) Def. Court

*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 Barriatelli, Mo DATE OF BURIAL 6-29-1929

20. UNDERTAKER C. E. Nieburg Had ADDRESS Highway

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

PARENTS

10. NAME OF FATHER <u>Price Sanders</u>
11. BIRTHPLACE OF FATHER (CITY OR TOWN)..... (STATE OR COUNTRY) <u>Missouri</u>
12. MAIDEN NAME OF MOTHER <u>Unknown</u>
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)..... (STATE OR COUNTRY) <u>Unknown</u>

14. INFORMANT John Sanders
 (Address) 14112 Esplanade Ave

15. FILED JUN 25 1929 Max C. Starnett
 REGISTRAR

K. 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.

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

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