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.

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

Do not use this space.

31321

1. PLACE OF DEATH

County..... Registration District No. 701 1003

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

City St Louis (No....., ... St. ..... Ward)

File No.....

Registered No. 8921

2. FULL NAME Henry B. Sanders

(a) Residence. No. 3507 N. 9th St., 26 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	White	Widower

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 5th 1844

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
86	—	6	

8. OCCUPATION OF DECEASED

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

(b) General nature of industry business, or establishment in which employed (or employer) Dairyman

(c) Name of employer

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

PARENTS

10. NAME OF FATHER John G. Sanders

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

12. MAIDEN NAME OF MOTHER Anna Eiles

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

14. INFORMANT Anna A. Sanders
(Address) 3507 N. 9th

15. FILED 12 1930 Chas C Stardorf REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) 9-11 1930

17. I HEREBY CERTIFY, That I attended deceased from Aug 19, 1930, to 9-11, 1930 that I last saw ~~alive~~ alive on 9-11-30, 19....., and that death occurred, on the date stated above, at 10 P.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Pancreatitis
82 A
90 B
..... (duration) ....yrs....mos....ds.

CONTRIBUTORY (SECONDARY) Hemaplegia
R Side Apoplectic
..... (duration) ....yrs....mos....ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH At Home

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Symptoms

(Signed) D. M. T. Hermann, M. D.

, 19 (Address) 2743 N Grand

*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	DATE OF BURIAL
Sacred Heart Cem	Sept 15 1930
20. UNDERTAKER Florissant Mo	ADDRESS
Edward Koch	3516 Hiatt