

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

Do not use this space.

20763

1. PLACE OF DEATH

County St. Louis Registration District No. 1123
Township Carondelet Primary Registration District No. 6248 B
City Jefferson Barracks *Mo.* No. Army Post Hospital St. _____ Ward _____

File No. _____
Registered No. 205

2. FULL NAME Sandra Ann Sanders

(a) Residence. No. Jefferson Barracks, Mo. St. _____ Ward _____
(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. _____
Jefferson Bks Mo
(If of resident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | | | | |
|--|--|---|-------------|---|---|
| 3. SEX Female | | 4. COLOR OR RACE White | | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Single | |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____ | | | | | |
| 6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>June 20, 1932.</u> | | | | | |
| 7. AGE | YEARS | MONTHS | DAYS | IF LESS than 1 day, hrs. or min. | |
| | 0 | 0 | 0 | 30 | 0 |
| 8. OCCUPATION OF DECEASED | | | | | |
| (a) Trade, profession, or particular kind of work <u>nil</u> | | | | | |
| (b) General nature of industry, business, or establishment in which employed (or employer) | | | | | |
| (c) Name of employer | | | | | |
| 9. BIRTHPLACE (CITY OR TOWN) <u>Jefferson Barracks, Mo</u> (STATE OR COUNTRY) | | | | | |
| PARENTS | 10. NAME OF FATHER <u>Elbert Lewis Sanders</u> | | | | |
| | 11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>Valley Falls</u> (STATE OR COUNTRY) <u>Kansas</u> | | | | |
| | 12. MAIDEN NAME OF MOTHER <u>Mary Ann Porter</u> | | | | |
| | 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>Carlton</u> (STATE OR COUNTRY) <u>Texas</u> | | | | |
| 14. INFORMANT <u>Elbert Lewis Sanders</u> (Address) <u>Jefferson Bks. Mo.</u> | | | | | |
| 15. <u>James H. L. C. Obrock, M.D.</u> REGISTRAR | | | | | |

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 21, 1932
17. 20, 1932 I HEREBY CERTIFY, That I attended deceased from June 20, 1932 to June 21, 1932 that I last saw h. or alive on June 21, 1932, 19____, and that death occurred, on the date stated above, at 8:30 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
(7 months)
Immaturity and inanition.
159
159 (duration) yrs. _____ mos. _____ ds. _____
CONTRIBUTORY (SECONDARY) 159
(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? No
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) [Signature]
Wm E. Hall, D.C. Col. M.D.
June 21/32 (Address) Jefferson Barracks, M.

*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 St Trinity Lutheran Ch **DATE OF BURIAL** 6/22 1932
20. UNDERTAKER C. Hoffmeister & Co. **ADDRESS** 7814 So Broadway

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.

JUN 27 1932

