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

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 31009

Township ..... Primary Registration District No. 003 Registered No. 7683

City St. Louis (No. 3317, N. 11th St. ..... Ward)

2. FULL NAME Infant Sanders

(a) Residence, No. 3317 N. 11th St., 26 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. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 4, 1933

7. AGE YEARS 0 MONTHS 0 DAYS 1 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. infant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Missouri

FATHER
13. NAME Mason Sanders
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clarksville Tenn.

MOTHER
15. MAIDEN NAME Bernice Lois
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clarksville Tenn.

17. INFORMANT (ADDRESS) Mason Sanders 3317 N. 11 St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Friedens DATE Sept 5, 1933

19. UNDERTAKER (ADDRESS) Suedmeyer 3934 N. 20 St.

20. FILED SEP -5 1933, 19 J. F. Biedeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 5, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept. 4, 1933, to Sept. 5, 1933
I last saw her alive on Sept. 5, 1933. Death is said to have occurred on the date stated above, at 10:30 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Encephalocoele	
Microcephalic Monster	

Other contributory causes of importance: 87 1572

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) H. L. Sellers, M. D.
(Address) 630 S. Kingshighway Bld.

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

MARGIN RESERVED FOR BINDING

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.

U. S. No. 2