

WRITE CLEARLY, 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.

DEC 12 1935

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

Do not use this space.

37730

1. PLACE OF DEATH

County.....

Registration District No. **1003**

Township.....

Primary Registration District No. ....

City **St. Louis** (No. **44579**)

**Page Blvd**

File No. **9704**

Registered No. ....

St. .... Ward)

2. FULL NAME

**Mattie Martha Sanders**

(a) Residence, No. **44579** **Page Blvd** St. **11** 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 **F** 4. COLOR OR RACE **W.** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED **Married** (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF **John W. Sanders**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **June 30-1872**

7. AGE YEARS **63** MONTHS **4** DAYS **18** If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **at Home**

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **huf.**

10. Date deceased last worked at this occupation (month and year) Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Kentucky**

13. NAME **J. H. Yates**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Kentucky**

15. MAIDEN NAME **Linnie Yates**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Kentucky**

17. INFORMANT **Mrs. Theo Daniels** (ADDRESS) **44579 Page Blvd.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Oak Grove** DATE **Nov. 21** 19**35**

19. UNDERTAKER **Cullinan Bros.** (ADDRESS) **1710 N. Grand**

20. FILED **NOV 19 1935** 19 **J. Bredeck** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Nov. 17** 19**35**

22. I HEREBY CERTIFY that I attended deceased from **Sept. 11** 19**35** to **Nov. 17** 19**35**

I last saw h. **alive** on **Nov. 17** 19**35** Death is said

to have occurred on the date stated above, at **10:30 p.m.**

The principal cause of death and related causes of importance were as follows:

**Chronic Interstitial Nephritis** Date of onset **1930**

**131**

Other contributory causes of importance: **Chronic Myocarditis** **1933**  
**Coronary occlusion** **1934**

Name of operation **none** Date of

What test confirmed diagnosis? **Pathology** Was there an autopsy? **Yes**

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? **No**

If so, specify

(Signed) **[Signature]**, M. D.  
(Address) **2435 N. Grand Ave.**

CONFIDENTIAL - SECURITY INFORMATION

[The main body of the document contains several columns of text that are almost entirely illegible due to extreme overexposure and noise. Only a few faint fragments are visible, such as the word "SECRET" in the center and some scattered characters.]