

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.

MAR 25 1936

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

Do not use this space.

8727

1. PLACE OF DEATH
 County St. Louis Registration District No. 1160
 Township _____ Primary Registration District No. 1470
 City W. City (No. 7510 Washington) St. _____ Ward _____

2. FULL NAME David Elba Sanders
 (a) Residence, No. 7510 Washington St. _____ Ward W. City
 (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 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Wid
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF David L. Sanders
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 7 - 1848
 7. AGE YEARS 87 MONTHS 5 DAYS 28 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. _____
 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) Ky.
 13. NAME E. Sanders
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.
 15. MAIDEN NAME unknown
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) "
 17. INFORMANT L. C. Hasselman (ADDRESS) 7510 Washington
 18. BURIAL, CREMATION, OR REMOVAL Palmer Ky DATE 2/6/36
 19. UNDERTAKER Louis H. Boppe (ADDRESS) Clayton
 20. FILED Feb. 6 1936 Lena V. Wollner Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-5-1936
 22. I HEREBY CERTIFY That I attended deceased from November 1935 to February 5, 1936
 I last saw him alive on February 5, 1936 Death is said to have occurred on the date stated above, at 3 P. m.
 The principal cause of death and related causes of importance were as follows:
Coronary disease
 Date of onset 2-2-36
 Other contributory causes of importance:
Age - Atherosclerosis
 Name of operation has Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____
 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) John W. Cleaveland M. D.
 (Address) 1904 Hamilton Ave
St. Louis, Mo.

