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.

FEB 8 1937

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St Louis (No. Deaconess-Hospital St. ..... Ward)

File No. 3825 862

Registered No. .....

96
38
9

2. FULL NAME Sanders, Thomas Davis

(a) Residence, No. 557 Oakwood St., NR Ward. Webster Groves
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred — yrs. — mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): married

5A. IF MARRIED, ~~WIDOWED, OR DIVORCED~~ HUSBAND OF ~~(OR) WIFE OF~~ Barbara Willis Davis

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 29—1864

7. AGE: YEARS 72 | MONTHS 6 | DAYS 20 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Contractor 20

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Building-Construction

10. Date deceased last worked at this occupation (month and year) 1933

11. Total time (years) spent in this occupation 40 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carrington Mo.

FATHER

13. NAME Richard Davis

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Callaway Co. Missouri

MOTHER

15. MAIDEN NAME Julia Ann Carrington

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Tetty Winston Davis Webster Groves Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla Cem. DATE Jan 20, 1937

19. UNDERTAKER (ADDRESS) Parker Lund Co Webster Groves Mo

20. FILED JAN 20 1937 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 18, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan. 15, 1937, to Jan. 18, 1937

I last saw him alive on Jan. 18, 1937. Death is said to have occurred on the date stated above, at 3:20P.m.

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

	Date of onset
Myocardial degeneracy	1/15/37
Other contributory causes of importance:	
Interstitial Nephritis	2 yrs.

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical 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) Arthur W Westrup, M. D.

(Address) Webster Groves, Mo.