

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

Do not use this space.

MAY 31 1937

1. PLACE OF DEATH

96 County St. Louis
10 Township
5 City University City (No. 1255 N. Hanley)

Registration District No. 1160

Primary Registration District No. 4470

File No. 17649

Registered No. 44

St. _____ Ward _____

2. FULL NAME Susan Ann Sanders

(a) Residence, No. 1255 N. Hanley St. _____ 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

MEDICAL CERTIFICATE OF DEATH

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Crew Chat Sanders

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-25-1870

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
<u>68</u>	<u>76</u>	<u>3</u>	<u>28</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ret. House-wife

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 _____

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 22 1937

22. I HEREBY CERTIFY, That I attended deceased from March 1, 1927, to April 22, 1937

I last saw her alive on Apr. 22, 1937. Death is said to have occurred on the date stated above, at 3:45 P.M.

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

Chronic myocarditis Date of onset 1930

Hypertrophic Cirrhosis of Liver 1937

Other contributory causes of importance: 2451

Chronic arthritis of Joints 1910

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

13. NAME Alexander Kelsey

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

15. MAIDEN NAME Lou Henry

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

17. INFORMANT Macler Sanders (ADDRESS) 7560 Carlton Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Bellefontaine Cem. 4-24-37 19. _____

19. UNDERTAKER Alexander & Sons (ADDRESS) 6175 Delmar Blvd.

20. FILED Apr. 24 1937 Leola V. Moeller Registrar.

Name of operation _____ Date of _____

What test confirmed diagnosis? Physical 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? No

If so, specify _____ (Signed) W. H. Sheekelford, M. D. (Address) 3903 Oliv. St. St. Louis Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1935

3905 Olive St.

Jeff. 97-30