AUG - 5 1937

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

Do not use this space.

25362

1. PLACE OF DEATH

County 3 Registration District No. 791 File No. 6536

Township Primary Registration District No. 1003 Registered No.

City St. Louis (No. 5444 Clemens Ave. St. Ward)

2. FULL NAME Marietta Saunders

(a) Residence, No. 5444 Clemens Ave. St., 5 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 70 yrs. mos. 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): Oct. 9, 1856

7. AGE: Years 80, Months 8, Days 28. If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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): Cincinnati, Ohio.

FATHER

13. NAME: Thomas Peyton Saunders
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Cincinnati, Ohio.

MOTHER

15. MAIDEN NAME: Mary Jones
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ohio.

17. INFORMANT (ADDRESS): Bertha Saunders, 5444 Clemens Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Bellefontaine DATE: 7-8-37

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

20. FILED: JUL 7 1937 J. F. Bredeck, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 7, 1937

22. I HEREBY CERTIFY, That I attended deceased from February, 1933, to July 7, 1937

I last saw her alive on July 5, 1937. Death is said to have occurred on the date stated above, at 3:15a. m.

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

	Date of onset
Ex Cerebrum Senile	1937
Pyelo nephritis & cystitis	1935
Sever secondary anemia	1933
Pyelo nephritis non calculus	
Cystitis - Coli Baccillus	

Other contributory causes of importance:

133a

Name of operation — Date of —

What test confirmed diagnosis? examination of blood & urine 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) Frances R. Ritchie, M. D.

(Address) 5233 Watsonville Gr. St. Louis Mo.

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.