

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

32356

Do not use this space.

1. PLACE OF DEATH **Homer G Phillips Hospital**

(a) County.....

Registration District No.....

(b) Township.....

Primary Registration District No.....

(c) City..... **St. Louis**

(d) Street No. **2601**

**N. Whittier**

(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred **1** yrs. mos. ds.

(f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Nelva Lee Sandefur**

(a) Residence, No. **2130 Division**

St. **27**

(Usual place of abode, if no street address, write county or city)

(If nonresident, give city or town and State)

#### PERSONAL AND STATISTICAL PARTICULARS

3. SEX

**F**

4. COLOR OR RACE

**C**

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

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

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6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

**June 15, 1936**

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ..... hrs.

**1**

**2**

**17**

or ..... min.

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

**nil**

9. Industry or business in which work was done, as 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)

**St. Louis**

**Missouri**

13. NAME

**Richard Sandefur**

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

**Arkansas**

15. MAIDEN NAME

**Jessie Mason**

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

**Arkansas**

17. INFORMANT (ADDRESS)

**Evelyn Hilliard**

**2601 N Whittier**

18. BURIAL, CREMATION, OR REMOVAL

PLACE **Father Daubert** DATE **Sept 7, 1937**

19. FUNERAL DIRECTOR (ADDRESS)

**W. B. Odorn**  
**1701 Bridge Street**

20. FILE

**SEP 7 1937**

**J. Bredeck**  
Local Registrar.

#### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Sept. 2**, 19 **37**

22. I HEREBY CERTIFY, That I attended deceased from **August 31**, 19 **37** to **Sept. 2**, 19 **37**

I last saw her alive on **Sept. 2**, 19 **37** Death is said

to have occurred on the date stated above, at **2:25** m. **a.m.**

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

**Lobar pneumonia**

Date of onset

**8/31/37**

Other contributory causes of importance:

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) **W. L. Lewis**, M. D.

(Address) **2601 N Whittier**

STATEMENT BY LICENSED EMBALMER

I, F. A. Green, Licensed Embalmer No. 2963  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by F. A. Green  
L. E.  
No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed F. A. Green

Licensed Embalmer No. 2963

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)