

OCT 14 1937

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

Do not use this space.

32496

1. PLACE OF DEATH

County.....
Township.....
City St. Louis

Registration District No. 791
Primary Registration District No. 1003
(No. 6701 Clayton Ave.)

File No.....
Registered No. 8550
St. Ward)

2. FULL NAME William Sanders

(a) Residence, No. 6701 Clayton Ave. St. 4 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

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 Lizzie Sanders

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 18, 1857

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
79 9 22

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. for self

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) Waterloo (STATE OR COUNTRY) Illinois

13. NAME Christ Sanders

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Mrs. Lizzie Sanders (ADDRESS) 6701 Clayton Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peter's Cem. DATE 9-13 1937

19. UNDERTAKER Kriegshauser Mortuaries (ADDRESS) 4228 So. Kingshighway

20. FILER J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-9 1937

22. I HEREBY CERTIFY, That I attended deceased from May 31, 1937, to Sept 9, 1937. I last saw him alive on Sept 9, 1937. Death is said to have occurred on the date stated above, at 10:40 P.M. The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis
Other contributory causes of importance: 93c

Name of operation _____ 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? no
If so, specify J. P. HENNERICH, J.R. (Signed) J. Hennerich, M. D. (Address) 6200 Columbia Ave

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.

2683

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