

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

32765

Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. 791
(b) Township Primary Registration District No. 1002
(c) City St. Louis (d) Street No. 5673 Enright Avenue Registered No. 8819
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 5673 Enright Avenue St. 5
(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 Male 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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 14, 1931

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ... hrs. or min.
6 8 7

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Child
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) Little Rock (STATE OR COUNTRY) Ark

13. NAME Edward C. Sanders

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

15. MAIDEN NAME McGee

16. BIRTHPLACE (CITY OR TOWN) East St. Louis (STATE OR COUNTRY) Ill

17. INFORMANT Edward C. Sanders (ADDRESS) 5673 Enright Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt Carmel DATE Sept. 22, 1937

19. FUNERAL DIRECTOR Math. Hermann & Son (ADDRESS) 2161 East Fair Avenue

20. FILED SEP 21 1937 J. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased, from 12-12-37 to Sept 20, 1937. I last saw him alive on Sept 20, 1937. Death is said to have occurred on the date stated above, at 8:20 A.M. The principal cause of death and related causes of importance were as follows:

Brain Tumor (non-malignant) Brain Phlebotomy

Other contributory causes of importance: Cerebral stroke, citrally with compression of lungs of 4 lbs. no value to Brain tumor

Name of operation Date of operation

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, 1937

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) Morris B. Rasmussen, M. D.

(Address) 3720 W. 11th St.

STATEMENT BY LICENSED EMBALMER

I, William G. Buchholz, Licensed Embalmer No. 2110

hereby certify that the body recorded on the reverse side of this certificate was embalmed by William G.

Buchholz, L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed William G. Buchholz

Licensed Embalmer No. 2110

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.)