

1938

REC'D SEP 9 1938

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

29933

Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 284
(b) Township Carondelet Primary Registration District No. 200 Registered No. 1333
(c) City Affton (d) Street No. Mc Kinzey, Affton, Mo. St.
(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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Edwin Sanders

(a) Residence, No. 3914 Michigan Ave. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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) May 16, 1911

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
27 2 21

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Clerk
9. Industry or business in which work was done, as saw mill, bank, etc. unemployed
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) Missouri 0

13. NAME Henry Sanders 1

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio 0

15. MAIDEN NAME Emma Grafe

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

17. INFORMANT (ADDRESS) Henry Sanders
3914 Michigan

18. BURIAL, CREMATION, OR REMOVAL PLACE S. S. Peter-Paul DATE Aug. 9/38 19

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Fendler Und. Co.
7420 Michigan Ave.

20. FILED AUG 1938 J. K. Meyer, M. D. D. N.
Local Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 6, 1938

22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....

I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at 2pm m.

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

Suicide by firearms Date of onset 8/6/38

Other contributory causes of importance:

Gun shot wound of head 8/6/38

Name of operation..... Date of.....
What test confirmed diagnosis physical signs Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide suicide Date of injury 8/6/38
Where did injury occur? Affton, Mo.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Private field
Manner of injury suicide by firearms
Nature of injury gun shot wound of head

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify.....

(Signed) J. K. Meyer M. D.
Coroner of St. Louis County, Mo.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No..... working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.)

If this body is not embalmed, above space should be left blank.