DEC 12 1938

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

37690
Do not use this space.

1. PLACE OF DEATH
(a) County ..... Registration District No. 2 791
(b) Township ..... Primary Registration District No. 1 1003 Registered No. 10017
(c) City St. Louis Mo. (d) Street No. 3664 Washington Blvd. 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 536 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Helen Louise Sanders
(a) Residence, No. 3664 Washington Blvd. St. 19
(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: Female
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 A. Vernette Sanders

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4-17-1896

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
42	7	2	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House-wife
9. Industry or business in which work was done, as saw mill, bank, etc. at Home
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) Poplar Bluff Mo. O

FATHER
13. NAME James N. Sutton
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Red Boiling Springs Tenn.

MOTHER
15. MAIDEN NAME Louise McGawey
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rockport Ind.

165

17. INFORMANT (ADDRESS) A. Vernette Sanders (Dr.) University Club Bldg.
18. BURIAL, CREMATION, OR REMOVAL PLACE Poplar Bluff Mo. DATE 11-22-1938, 19
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Alexander and Sons 6675 Delmar Blvd.
20. FILED NOV 21 1938, 19 J. F. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-19-1938, 19

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 2 P.M.
The principal cause of death and related causes of importance were as follows:

Date of onset

Strangulation due to hanging by neck of Left Sheet Pillows top of Mirror in a Door Bedroom Residence 3664 Washington Ave Nov. 19 1938 about 2:00 PM.

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... 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 11/19, 1938
Where did injury occur? St Louis Mo (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Home
Manner of injury Hanging
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) Joseph McGuire, M. D.
(Address) Deputy Coroner

(Licensed Embalmer's Statement on Reverse Side)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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, Jos. E. McCulloh, or by _____

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

Signed Jos. E. McCulloh

Licensed Embalmer No. 2460

P. O. Address 6175 Delma

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

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