

REC'D FEB 10 1939

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

927

Do not use this space.

927

1. PLACE OF DEATH

(a) County..... 1 Registration District No. 791
 (b) Township..... Primary Registration District No. 1003
 (c) City..... St. Louis, Mo. (d) Street No. 1536 Papin 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 *526* Margaret Saunders

(a) Residence, No. 3107 Adams St. 18 (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female	4. COLOR OR RACE Colored	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) February 20, 1928		
7. AGE 11	YEARS 11	MONTHS 8
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) <i>Tamms, Ill.</i> (STATE OR COUNTRY)		
13. NAME <i>Jesse Sanders</i>		
14. BIRTHPLACE (CITY OR TOWN) <i>Wynne, Arkansas</i> (STATE OR COUNTRY)		
15. MAIDEN NAME <i>Lucy Adlington</i>		
16. BIRTHPLACE (CITY OR TOWN) <i>Tamms, Ill.</i> (STATE OR COUNTRY)		
17. INFORMANT <i>Jesse Sanders</i> (ADDRESS) <i>3107 Adams St.</i>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Tamms, Ill.</i> DATE <i>Jan 31, 1939</i>		
19. FUNERAL DIRECTOR (NAME) <i>Alfred H. Hoops</i> (ADDRESS) <i>4700 N. Washington</i>		
20. FILED <i>J. B. Brubaker</i> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Jan 29, 1939*

22. I HEREBY CERTIFY, That I attended deceased from December 7, 1938, to January 28, 1939

I last saw her alive on January 28, 1939. Death is said to have occurred on the date stated above, at 10.00 P.M.
 The principal cause of death and related causes of importance were as follows:

Lymphosarcoma of Tonsils & Palate.

Date of onset

Other contributory causes of importance:

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?
 If so, specify.....
 (Signed) *J. H. Hoops*, M. D.
 (Address) *St. Mary's Infirmary, 1536 Papin St.*

(Licensed Embalmer's Statement on Reverse Side)

N. E.—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.

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.