

MAR 13 1939

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

4541  
Do not use this space.  
1234

1. PLACE OF DEATH

(a) County ..... Registration District No. ....  
(b) Township ..... Primary Registration District No. ....  
(c) City St. Louis or ..... (d) Street No. Homer Phillips Hospital ..... 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 45 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 624 Grace Marshall

(a) Residence, No. 3036 Marnice ..... St. 10 .....  
(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 <u>F</u>	4. COLOR OR RACE <u>C</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>unknown</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 9, 1870</u>				
7. AGE	YEARS <u>68</u>	MONTHS <u>9</u>	DAYS <u>26</u>	IF LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. .... <u>nil</u>			
	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) ..... <u>Mississippi</u> (STATE OR COUNTRY)				
FATHER	13. NAME <u>Wiley Sanders</u>			
	14. BIRTHPLACE (CITY OR TOWN) ..... <u>Mississippi</u> (STATE OR COUNTRY)			
MOTHER	15. MAIDEN NAME <u>unknown</u>			
	16. BIRTHPLACE (CITY OR TOWN) ..... <u>unknown</u> (STATE OR COUNTRY)			

17. INFORMANT Evelyn Hilliard  
(ADDRESS) 2601 N Whittier

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Wilmington Park DATE 2/14 1939

19. FUNERAL DIRECTOR (NAME) H. J. Smith  
(ADDRESS) 424 N. Babcock ave

20. FILED FEB 7 1939  
J. P. Brudick  
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 5 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan. 23 1939, to February 5 1939

I last saw her alive on February 5 1939. Death is said to have occurred on the date stated above, at 12:05am.  
The principal cause of death and related causes of importance were as follows:

Arteriosclerosis  
Chronic nephritis

Date of onset  
1/23/39

Other contributory causes of importance:  
Pulmonary edema

Name of operation ..... clinical ..... 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? ..... 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. P. Brudick, M. D.  
(Address) 2601 N Whittier

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.

**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, ~~only~~.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

*Henry Good*

Licensed Embalmer No. *3050*

P. O. Address *4237<sup>1/2</sup> Habadie*

**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.**