MAR 17 1939

APR 7 1939

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

12398
Do not use this space.

96

**1. PLACE OF DEATH**

(a) County Saint Louis — Registration District No. 784

(b) Township Carondelet — Primary Registration District No. 200 — Registered No. 476

(c) or City ~~Jefferson Barracks~~ — (d) Street No. Veterans Hospital St. Unkn. (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** Murrell C. SANDERSON

(a) Residence, No. 615 Walnut, Annex Hotel St. [ ] St. Louis, Mo.
(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 | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) |
|---|---|---|
| Male | White | Widower |

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF — Meta.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 1, 1889

| 7. AGE YEARS | MONTHS | DAYS | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|
| 49 | 6 | 15 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Machinist
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) (STATE OR COUNTRY) Saint Louis 0
Missouri 1

FATHER
13. NAME George Sanderson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) - 0
Virginia

MOTHER
15. MAIDEN NAME Virginia Hamilton
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) -
Missouri

17. INFORMANT (ADDRESS) Clinical Clerk, VAF Jefferson Barracks, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt Hope E St Louis DATE 3-18 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) A. Kron L & U. Co 2707 N. Grand Blvd

20. FILED MAR 17 1939 T. R. Meyer M.D. P.H. Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 16, 1939

22. I HEREBY CERTIFY, That I attended deceased from March 16, 1939, to March 16, 1939

I last saw him alive on March 16, 1939 Death is said to have occurred on the date stated above, at 3:45 P.m.

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

| | Date of onset |
|---|---|
| Pneumonia, lobar, upper right lobe, type IV | Unkn. |

1 68

Other contributory causes of importance:
None.

Name of operation None. Date of
Phy. clinical manif.
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) C. W. HUGHES, Chief Med. Officer, M. D.
(Address) VAF., Jefferson Bks., Mo.

(Licensed Embalmer's Statement on Reverse Side)

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, or by Paul F. Knoblenberg, Registered Apprentice No. ..... working under my personal supervision.

Signed Paul F. Knoblenberg

Licensed Embalmer No. 96 31

P. O. Address 2707 N-Grand

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

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