V. S. No. 2
50M—5-42
Rev. 5-17-39
I X32873

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 16 1942

Registration District No. 318

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 35853

Registrar's No. 9319

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis, (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2107a Ann Ave. 1 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 23 12
(c) City or town St. Louis, Mo. 9 (If outside city or town limits, write "RURAL")
(d) Street No. 2107 Ann Ave. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME John H. Sanders

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife ----

6. (c) Age of husband or wife if alive -- years

7. Birth date of deceased Unknown (Month) About (Day) 1863 (Year)

8. AGE: Years About 79 | Months Unknown | Days | If less than one day hr. min.

9. Birthplace St. Louis, (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Retired

11. Industry or business

MOTHER FATHER

12. Name Herman Sanders
13. Birthplace (City, town, or county) Germany 4 (State or foreign country)
14. Maiden name Elizabeth Meyer
15. Birthplace (City, town, or county) Germany 4 (State or foreign country)

16. (a) Informant Emma Mueller
(b) Address 2107 Ann Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/11/42 (Month) (Day) (Year)
(c) Place: burial or cremation Old S.S. Peter & Paul

18. (a) Signature of funeral director Wm. C. Mongoell
(b) Address 1926 Allen Ave.

19. (a) NOV 9 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 7 year 1942 hour 12 minute 45 P.M.

21. I hereby certify that I attended the deceased from July 3, 1942, to November 3, 1942, that I last saw him alive on November 3, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Due to T.B.C. Larynx	4 Mos.
Due to Lungs	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature Henry T. Pieper (M. D. or other)
Address 4726 D.S. Mo. 63109 Date signed 11/7/42

(Licensed Embalmer's Statement on Reverse Side)

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 me.

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

working under my personal supervision.

Signed D. M. Davis

Licensed Embalmer No. 3741.

P. O. Address 1926. Allen ave.

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, fact should be so stated above.