

FILED APR 19 1943 318

Registration District No. _____ Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County St Louis

(b) City or town St Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
3957 Evans Lane
(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) 9 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

(c) City or town St Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 3957 Evans Ave
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Willis J. Saunders

3. (b) If veteran, name war _____ 3. (c) Social Security No. 492-01-1413

4. Sex Male 5. Color or Race Cauc 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Diana 6. (c) Age of husband or wife if alive 28 years

7. Birth date of deceased Aug 2nd 1906
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

36	8	0	hr. _____ min.
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9. Birthplace Columbus Miss
(City, town, or county) (State or foreign country)

10. Usual occupation United States Cartridge Co

11. Industry or business _____

12. Name Robert Saunders

13. Birthplace Columbus Miss
(City, town, or county) (State or foreign country)

14. Maiden name Dora Moore

15. Birthplace Columbus Miss
(City, town, or county) (State or foreign country)

16. (a) Informant Uelvie Barry

(b) Address 3948 Evans Ave

17. (a) Burial (b) Date thereof 4-7-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director J. H. Hurdle & Son

(b) Address 3133 Ball Ave

19. (a) APR 2 1943 (b) J. J. Brodeck
(Data received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 2nd
year 1943 hour 12 minute 50 a.m.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h. _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Chronic Coronary Heart Disease;

Due to _____

Due to _____

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Uelvie Barry (M.D. or other) _____
Address 3948 Evans Ave Date signed 4/2/43

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 S. J. Halson

Licensed Embalmer No. 269 P

P. O. Address 2769 Chouteau

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.