

AUG 23 1943

Registration District No. **318**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:
 (a) County.....
 (b) City or town..... **St. Louis, Missouri**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution. **1 mo. 11 days**
(Specify whether
 In this community..... **14 years**
years, months or days)

3. (a) PRINT FULL NAME **Joseph Sanders Jr.**
3. (b) If veteran, name war **No** **3. (c) Social Security No.** **Unk**

4. Sex **Male** **5. Color or race** **Col** **6. (a) Single, widowed, married, divorced.** **Married**
6. (b) Name of husband or wife. **Sarah Sanders** **6. (c) Age of husband or wife if alive.** **Unk** years
7. Birth date of deceased. **June 13, 1913**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	30	1	25	hr. min.

9. Birthplace. **Meridian Mississippi**
(City, town, or county) (State or foreign country)

10. Usual occupation. **Porter**

11. Industry or business.

12. Name. **Joseph Sanders, Sr.**

13. Birthplace. **Unknown**
(City, town, or county) (State or foreign country)

14. Maiden name. **Ella Bell Fair**

15. Birthplace. **Lauderdale Mississippi**
(City, town, or county) (State or foreign country)

16. (a) Informant. **Helen Gratton**

(b) Address. **3929a Page Blvd.**

17. (a) Burial, cremation, or removal. **Burial** **(b) Date thereof.** **8/14/43**
(Month) (Day) (Year)

(c) Place: burial or cremation. **Washington Park Cem**

18. (a) Signature of funeral director. **R. M. C. Green**
(b) Address. **3517 Laclede Avenue**

19. (a) AUG 13 1943 **(b) C. A. Bredet**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State. **Missouri** **(b) County.** **000**
 (c) City or town. **St. Louis**
(If outside city or town limits, write "RURAL")
 (d) Street No. **3929a Page**
(If rural, give location)
 (e) Citizen of foreign country?.....
(Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **8,**
 year **1943** hour **6** minute **10 P.** M.
21. I hereby certify that I attended the deceased from. **June**
28, 19 **43** to **August 8,** 19 **43**

that I last saw him alive on **August 8,** 19 **43**
 and that death occurred on the date and hour stated above.

Immediate cause of death. **Pulmonary tuberculosis**
Duration **Unk.**

Due to **13**
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. **Alva Moore** **(M. D. or other)**
Address. **2601 Whittier** **Date signed.** **8/13/43**

OCT 27 1948

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

J. M. Green

Licensed Embalmer No. *1173*

P. O. Address *3517 S. Leland 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.