V. S. No. 2
00M—2-43
Rev. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

930

State File No.

FEB 1 1944

Registration District No. 318 | Primary Registration District No. 1003 | Registrar's No. 733

**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: Terminal R.R. Yards 18th St Viaduct (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether In this community years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo. (b) County St. Louis City N

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

(d) Street No. 778 Allen Ave. (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Harry A. Saunders

3. (b) If veteran, name war World War I

3. (c) Social Security No. 494-03-3682

4. Sex Male

5. Color or race Wh

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

6. (b) Name of husband or wife Grace

6. (c) Age of husband or wife if alive 42 years

7. Birth date of deceased March (Month) 28 (Day) 1901 (Year)

8. AGE: Years 42 Months 9 Days 25 If less than one day hr. min.

9. Birthplace Alton (City, town, or county) Illinois (State or foreign country)

10. Usual occupation Switchman

11. Industry or business Terminal Railroad

MOTHER FATHER

12. Name William A. Saunders

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

14. Maiden name Elizabeth Barker

15. Birthplace Illinois (City, town, or country) (State or foreign country)

16. (a) Informant Mrs. Grace Saunders

(b) Address 778 Allen Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-27-44 (Month) (Day) (Year)

(c) Place: burial or cremation National Cem. Jefferson Barracks

18. (a) Signature of funeral director Chas. F. Bauer

(b) Address 3225 Union Blvd.

19. (a) JAN 25 1944 (Date received local registrar) (b) J. F. Boesch (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Jan day 23 year 1944 hour 11 minute 35 P.M.

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

Immediate cause of death Internal hemorrhage lungs, when he was caught between car, coupling of train & car of. Due to Trauma received by Wm. Drager Engineer + Alvin Lydia fireman Due to Jan. track #10 Terminal R.R. yards near 18th St. Viaduct

Duration Instant

Other conditions (Include pregnancy within 3 months of death) about 11:30 PM Jan 23, 1944

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) Accident

(b) Date of occurrence Jan 23 1944

(c) Where did injury occur? St Louis (City or town) (County) Mo (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Industry (Specify type of place)

While at work? Yes (e) Means of injury train

23. Signature Alfred Wurz (M. D. or other)

Address Deputy Coron Date signed 1/24/44

(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.....

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

working under my personal supervision.

Signed John Ogonoski

Licensed Embalmer No. 3398

P. O. Address.....

**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.**