S. No. 2
0M—2-43
v. 5-17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 19 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 32328

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8820

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: 701a. N. 22nd. St. /
(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 12 years

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. 701a. N. 22nd. St.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Thomas William Sanders

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 2

5. Color or race Col.

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

6. (b) Name of husband or wife Rosa Louise Sanders

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased September (Month) 1 (Day) 1878 (Year)

8. AGE: Years 67 Months 1 Days 9 If less than one day hr. min.

9. Birthplace Nacktuchla (City, town, or county) La. / (State or foreign country)

10. Usual occupation Laborer

11. Industry or business City of St. Louis

FATHER
12. Name Henry Sanders
13. Birthplace Tuskegee (City, town, or county) Ala. / (State or foreign country)

MOTHER
14. Maiden name Nancy Butler
15. Birthplace Desota (City, town, or county) La. / (State or foreign country)

16. (a) Informant Rosa Louise Sanders
(b) Address 701a. N. 22nd. St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-13-45 (Month) (Day) (Year)

(c) Place: burial or cremation Wash. Park

18. (a) Signature of funeral director A. L. Beal and
(b) Address 2926 Lucas Ave

19. (a) OCT 13 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 10 year 1945 hour 8:30 minute A.M.

21. I hereby certify that I attended the deceased from 6/9/44, 19..., to 10/4/45, 19...; that I last saw him alive on 10/4/45, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis Chr.

Due to

Due to Obesity

Other conditions Obesity
(Include pregnancy within 3 months of death)
Poly glandular Syndrome

Major findings:
Of operations

Of autopsy

Duration

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?

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (City or town) (County) (State)

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

23. Signature Max J. Bierman (M. D. or other)
Address 2335 Franklin Date signed 10/10/45

(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 L Boykin

....., Registered Apprentice No. ....., working under my personal supervision.

Signed Lonnie Boykin

Licensed Embalmer No. 2946

P. O. Address St Louis Mo

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.