

FILED AUG 5 1946
Registration District No. **318**

Primary Registration District No. _____

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:
Homer G. Phillips Hospital
(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 **Missouri** (b) County **Jacobs**
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **2629 Lucas Avenue**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

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

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **July** day **15**
year **1946** hour **12** minute **15** P. M.

4. Sex **Male** 2 5. Color or race **Negro**
6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife **Elsie Sanders**
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **Unknown**
(Month) (Day) (Year)

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.

8. AGE: Years Months Days If less than one day
About 70 hr. _____ min.

Immediate cause of death **Community fracture of left clavicle with secondary hemorrhage from ruptured blood vessel at the intersection of Jefferson and Belmont Avenues; 12:50 P.M. June 17, 1946**
Other conditions _____
(Include pregnancy within 3 months of death)

9. Birthplace **St. Louis, Mo.**
(City, town, or county) (State or foreign country)
10. Usual occupation **Nil**

Physician _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER {
11. Industry or business _____
12. Name **Simon Sanders**
13. Birthplace **Unknown**
(City, town, or county) (State or foreign country)
14. Maiden name **Sarah ?**
15. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

Major findings: _____
Of operations _____
Of autopsy _____

16. (a) Informant **Nettie Esser**
(b) Address **3828a Evans Avenue**
17. (a) **Burial** (b) Date thereof **7/19/46**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **St. Peter's Cem.**

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) **Premial embolism**
(b) Date of occurrence **June 17, 1946**
(c) Where did injury occur? **2629 Lucas Ave**
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Chapin International
While at work? _____
(Specify type of place) (e) Means of injury **5 min**

18. (a) Signature of funeral director **Russell Und., Co.**
(b) Address **2732 Pine Street**
19. (a) **JUL 18 1946** (b) **J. F. Broderick**
(Date received local Registrar) (Registrar's signature)

23. Signature **Alfred Sanders** (M.D. or other)
Address **St. Louis** Date signed **7/16/46**

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

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

Jaal Russell

Licensed Embalmer No. *4112*

P. O. Address. *St Louis*

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.