

S. No. 2
M-8-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39047

State File No. _____
Registrar's No. **9351**

FILED NOV 25 1946
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:
Pronounced dead at City Hosp. # 13
(If not in hospital or institution, write street number or location)

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

3. (a) PRINT FULL NAME **John Sanders**

3. (b) If veteran, name war..... **None**

3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **White**

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

6. (b) Name of husband or wife..... **Lois Sanders**

6. (c) Age of husband or wife if alive..... **48** years

7. Birth date of deceased..... **February 22 1883**
(Month) (Day) (Year)

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

63 **8** **9** hr. min.

9. Birthplace **St. Louis Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Policeman**

11. Industry or business **St. Louis Police Dept.**

12. Name **William Sanders**

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

14. Maiden name **Winnie Giese**

15. Birthplace **Unk. Germany**
(City, town, or county) (State or foreign country)

16. (a) Informant **Lois Sanders**

(b) Address **4518 Athlone Ave.**

17. (a) **Burial** (b) Date thereof **11/2/46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: **Friedens Cemetery**

18. (a) Signature of funeral director: **Suedmeyer & Son's**

(b) Address **3934 N. 20 Th., St.**

19. (a) **NOV 1 1946** (b) **J. P. Budeck**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County..... **St. Louis**

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

(d) Street No. **4518 Athlone Ave.**
(If rural, give location)

(e) Citizen of foreign country? **NO** (Yes or No)
If yes, name country..... **NO**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct.** day **31**
year **1946** hour **?** minute **25th** 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 **Removal base of skull**
due to gun shot wound of head
Self-inflicted in the bathroom of
his home on Oct 31 1946 about
9:25 P.M.

Due to.....
Due to..... **16H**

Other conditions.....
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:
Of operations.....
Of autopsy.....

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)..... **suicide**

(b) Date of occurrence..... **Oct 31 1946**

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

(d) Did injury occur in or about home or farm, in industrial place, in public place?
Home

While at work?..... (Specify type of place)

(e) Means of injury..... **gun**

23. Signature **Patrick C. Taylor**
Address **1300 Clark** Date signed **46**

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

Signed A. G. Smithers

Licensed Embalmer No. 3916

P. O. Address 3934 N. 20 St.

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.