

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:
2937^a EADS AV. 1
(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 000
(c) City or town ST. LOUIS 1717
(If outside city or town limits, write "RURAL")
(d) Street No. 2937^a EADS AV. 9
(If rural, give location) 0
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME SUSAN DELL SANKHARD

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced, WIDOWED

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased JAN 2 1867
(Month) (Day) (Year)

8. AGE: Years 80 Months 2 Days 5 If less than one day _____ hr. _____ min.

9. Birthplace MADISON Co Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEKEEPER

11. Industry or business _____

MOTHER FATHER { 12. Name UNKNOWN
13. Birthplace UNKNOWN
(City, town, or county) (State or foreign country)
14. Maiden name SOPHIA CLUB
15. Birthplace UNKNOWN
(City, town, or county) (State or foreign country)

16. (a) Informant MRS HATTIE DANTON
(b) Address 2937^a EADS AV.

17. (a) BURIAL (b) Date thereof 3-10-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation FREDRICKTOWN, MO.

18. (a) Signature of funeral director RAWLAND MORTUARY SER.

(b) Address 4355 WASHINGTON AV.

19. (a) MAR 10 1947 (b) J. F. [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 7
year 1947 hour 11 minute 40 M.

21. I hereby certify that I attended the deceased from July 10, 1946 to March 7, 1947; that I last saw her alive on March 7, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death Diabetes Mellitus
Duration 5 months

Due to _____
Due to _____

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

Major findings: Serum Bilirubin
Of operations _____

Of autopsy _____

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)
(g) Means of injury 0

23. Signature Edward J. [Signature] (M. D. or other) M.D.
Address 2202 [Address] Date signed 3/8/47

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

8876

APR 3 1947

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 Ketter*

Licensed Embalmer No. *3880*

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, above space should be left blank.