No. 2
-1/47
-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 6 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 24677

Primary Registration District No. 1003

Registrar's No. 6642

1. PLACE OF DEATH:
(a) County
(b) City or town Saint Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ity Sanitarium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 years (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town Saint Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4924 Margaretta Avenue
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME LELA SAUNDERS
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Female
5. Color or race "hite
6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife William D. Saunders
6. (c) Age of husband or wife if alive 68 years
7. Birth date of deceased January 7th, 1882 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
66	6	20	hr. min.

9. Birthplace (City, town, or county) Mississippi (State or foreign country)
10. Usual occupation Housework
11. Industry or business

MOTHER FATHER
12. Name David W. Beck
13. Birthplace (City, town, or county) Mississippi (State or foreign country)
14. Maiden name Annie Wright
15. Birthplace (City, town, or county) Mississippi (State or foreign country)

16. (a) Informant Alfred Douglas Saunders
(b) Address 3319 Werder Dr. Normandy, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/31/48 (Month) (Day) (Year)
(c) Place: burial or cremation Lake Charles Cemetery
18. (a) Signature of funeral director Calvin F. Feutz
(b) Address 4828 Natural Bridge Boulevard
19. (a) JUL 28 1948 (Date received local registrar) (b) J. F. Bradack (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July 27 day 27th year 1948 hour 1:15 minute P. M.
21. I hereby certify that I attended the deceased from July 1, 1946 to July 27, 1948 that I last saw her alive on July 27, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Ulcer, Gastric- perforated	1 da
Post- prefrontal Lobotomy	
Due to Bilateral	22days
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy Yes

PHYSICIAN
Underline the cause of 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? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work?
(e) Means of injury

23. Signature Jack R Ridelman (M. D. or other)
Address 5400 Arsenal St Date signed 7/28/48

Jefferson City Printing Co.

(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 A. Mlinar

Licensed Embalmer No. 4186

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.