300
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1906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 20 1948

Registration District No. 818

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1005

State File No. 31404

Registrar's No. 7900

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 4579 St. Ferdinand Ave (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution / (Specify whether

In this community 33 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County ~~ST LOUIS~~

(c) City or town ST LOUIS (If outside city or town limits, write "RURAL")

(d) Street No. 4579 ST Ferdinand Ave (If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Mr Earl Sanders.

3. (b) If veteran, name war No

3. (c) Social Security No. No.

4. Sex Male 2

5. Color or race Col

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

6. (b) Name of husband or wife Rosie Lee

6. (c) Age of husband or wife if alive 44 years

7. Birth date of deceased 9 (Month) 20 (Day) 1902 (Year)

8. AGE: Years 45 Months 11 Days 14 If less than one day hr. min.

9. Birthplace Memphis (City, town, or county) Tenn (State or foreign country)

10. Usual occupation MAINTAINANCE

11. Industry or business Police Headquarters

FATHER
12. Name UNKNOWN
13. Birthplace " " (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name " "
15. Birthplace " " (City, town, or county) 9 (State or foreign country)

16. (a) Informant Mrs Rosie Lee Sanders

(b) Address 4579 St Ferdinand

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-10-48 (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Bennie Love

(b) Address 3103 Washington

19. (a) SEP 8 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month 9 day 4 year 1948 hour 3 minute A M.

21. I hereby certify that I attended the deceased from 9/3/48, 1948 to Death, 1948 that I last saw him alive on 9/3/48, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocarditis	2 yr.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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? (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 A. James Evans (M. D. or other)

Address 47 30 Page Date signed 9/4/48

A JAMES EVANS JR.

(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 W. Claude Gordon

Licensed Embalmer No. 13489

P. O. Address 4575 Alden

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.