S. No. 300
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 38602

FILED DEC 2 1948

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 9952

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

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 this hospital 6 days (Specify whether years, months or days)

In this community About 15 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

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

(d) Street No. 4326 Aldine
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Henry Sanders

3. (b) If veteran, name war No

3. (c) Social Security No.

4. Sex Male

5. Color or race Colored

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

6. (b) Name of husband or wife Not Known

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

7. Birth date of deceased — (Month) — (Day) — (Year)

8. AGE: Years About 71 | Months — | Days — | If less than one day hr. min.

9. Birthplace Notochos La.
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business

FATHER
12. Name Henry Sanders
13. Birthplace La.
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Nancy Butler
15. Birthplace La.
(City, town, or county) (State or foreign country)

16. (a) Informant Hosie Louise Sanders
(b) Address 701A N. 22nd Street

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-18-48 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director A. L. Beal Und Co.
(b) Address 2726 Lucas Ave.

19. (a) NOV 16 1948 (Date received local registrar) (b) J. B. Lasater (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 13 year 1948 hour 6 minute 30 A.M.

21. I hereby certify that I attended the deceased from Nov. 7, 1948 to Nov. 13, 1948 that I last saw him alive on Nov. 13, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Hypertensive Cardiovascular Disease

Due to

Due to

Other conditions Cerebral Hemorrhage
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy None

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 Oscar L Daniels (M. D. or other)
Address 2601 N Whittier Date signed 11/13/48

(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 Theodore J Yandell

Licensed Embalmer No. 4243

P. O. Address 14 Waymire

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.