

FILED JUN 7 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 17666
4619
Registrar's No.

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No.			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO. b. COUNTY 0-00					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS 0		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS 17		9			
d. FULL NAME OF HOSPITAL OR INSTITUTION MO. PAC. HOSPITAL.				d. STREET ADDRESS (If rural, give location) 15-4514 VIRGINIA. 0					
3. NAME OF DECEASED (Type or Print) FRANK			b. (Middle) SAUNDERS		c. (Last) SAUNDERS				
4. DATE OF DEATH		(Month) 5		(Day) 24		(Year) 49			
5. SEX M O W		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W. 2		8. DATE OF BIRTH 1874 Oct-75			
9. AGE (In years last birthday) ?		# UNDER 1 YEAR Months ?		# UNDER 1 YEAR Days ?		# UNDER 1 YEAR Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED ENGINEER			10b. KIND OF BUSINESS OR INDUSTRY RAILROAD			11. BIRTHPLACE (State or foreign country) WASHINGTON D.C. 1			
12. CITIZEN OF WHAT COUNTRY? U-S.									
13a. FATHER'S NAME FRANK SAUNDERS			13b. MOTHER'S MAIDEN NAME ? Noble			14. NAME OF HUSBAND OR WIFE FANNIE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ANNA MURPHY			ADDRESS 4514 VIRGINIA.		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) UNDIFFERENTIATED CARCINOMA, RETRO PERITONEAL METASTASIS ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) BAK WITH METASTASIS DUE TO (c) IS. II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. CACHEXIA				INTERVAL BETWEEN ONSET AND DEATH 9 MO.	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION RETROPERITONEAL MASS				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) HOW		(COUNTY) _____ (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 138X					
22. I hereby certify that I attended the deceased from Apr 5, 1949, to May 24, 1949, that I last saw the deceased alive on May 24, 1949, and that death occurred at 8:00 A.M., from the causes and on the date stated above.									
23a. SIGNATURE Marjorie J. Russell M.D. (Degree or title)				23b. ADDRESS 17535 Grand Blvd		23c. DATE SIGNED May 24, 49			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE MAY 27-49		24c. NAME OF CEMETERY OR CREMATORY SUNSET PARK		24d. LOCATION (City, town, or county) ST. LOUIS COUNTY (State)			
DATE REC'D BY LOCAL REG. MAY 25 1949		REGISTRAR'S SIGNATURE J.B. Kasater		25. FUNERAL DIRECTOR'S SIGNATURE PEETZ FUNERAL HOME, INC.		ADDRESS 3029 LAFALETTE			

(Licensed Embalmer's Statement on Reverse Side)

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

OCT 24 1955

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.....

Student Embalmer No.

working under my personal supervision.

Signed.....

Gustav W Dietrich

Signed.....

Student Embalmer

Licensed Embalmer No.

4329

P. O. Address.....

St Louis Mo

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

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