

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

No. 300
10-48

FILED JUL 25 1949

BIRTH NO. 45708-49 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 6166

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>000</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS - MO.</u>		c. LENGTH OF STAY (in this place) <u>1 HR. 42 MIN</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS</u>		<u>12</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>LUTHERAN HOSPITAL</u>			d. STREET ADDRESS (If rural, give location) <u>23-1737 MISSOURI</u>		
3. NAME OF DECEASED (Type or Print) <u>BABY GIRL SANDERS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>7-12-49</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED , NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>()</u>	8. DATE OF BIRTH <u>7-12-49</u>	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months
					IF UNDER 24 HRS. Hours Min. <u>1 42</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>INFANT</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>U</u>	12. CITIZEN OF WHAT COUNTRY? <u>UNITED STATES</u>
13a. FATHER'S NAME <u>Joy-LEE-SANDERS</u>		13b. MOTHER'S MAIDEN NAME <u>JRUNITA-VIRGINIA-JORDAN</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO.</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MRS. JAUNITA SANDERS-1737 Missouri</u>		
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, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Prematurity - 4 1/2 months.</u>			INTERVAL BETWEEN ONSET AND DEATH
		ANTECEDENT CAUSES A forbidding conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
		II. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death. <u>4 1/2 month miscarriage.</u>			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				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) (COUNTY) (STATE) <u>159</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>796X</u>			
22. I hereby certify that I attended the deceased from <u>7-12</u> , 19 <u>49</u> , to <u>7-12</u> , 19 <u>49</u> , that I last saw the deceased alive <u>7-12-49</u> , 19 <u> </u> , and that death occurred at <u>11:27 P.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>John Aumler M.D.</u>		23b. ADDRESS <u>1504 So Grand Ave</u>		23c. DATE SIGNED <u>7/13/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>7-15-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mount Hope</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>JUL 15 1949</u>	REGISTRAR'S SIGNATURE <u>J. B. L... ..</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Allen & McLaughlin 2301 Lafayette</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

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 _____

working under my personal supervision.

Student Embalmer No. _____

Student
Student Embalmer

Signed _____

Licensed Embalmer No. 3830

P. O. Address 1301 Lafayette Ave

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.