

FILED OCT 13 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32145**
8424

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	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) 17-3939 Lafayette Ave.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3939 Lafayette Ave. /			

3. NAME OF DECEASED (Type or Print)	a. (First) LOUIS	b. (Middle) E.	c. (Last) SANDERS Jr.	4. DATE OF DEATH (Month) (Day) (Year) Sep't. 29 1949
--	----------------------------	--------------------------	---------------------------------	---

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married /	8. DATE OF BIRTH Mar. 23, 1920	9. AGE (In years last birthday) 29	IF UNDER 1 YEAR Months 6	IF UNDER 24 HRS. Days 6	Hours 	Min.
-----------------------	----------------------------------	--	--	--	---------------------------------------	--------------------------------------	------------------	-----------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Meat Salesman Unemployed since 1948	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) St. Louis, Mo. 0	12. CITIZEN OF WHAT COUNTRY?
---	-----------------------------------	--	------------------------------

13a. FATHER'S NAME Louis Sanders Sr.	13b. MOTHER'S MAIDEN NAME Dorothy Sansouer	14. NAME OF HUSBAND OR WIFE Lucille D. Sanders
--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 492-16-8673	17. INFORMANT'S SIGNATURE OR NAME Louis Sanders Sr.	ADDRESS 3939 Lafayette Av.
---	---	---	--------------------------------------

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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarct		INTERVAL BETWEEN ONSET AND DEATH 1 day unknown 2 years 4201
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis of coronary artery.		
	DUE TO (c) Hypertension, severe		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" 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) 102
--	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? HIT BY CAR
--	--	---

22. I hereby certify that I attended the deceased from **29.7.1947**, to **29.9.1949**, that I last saw the deceased alive on **28.9.49**, 19**49**, and that death occurred at **3:52 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Lev Soltis MD	23b. ADDRESS 607 N Grand St. Mo	23c. DATE SIGNED 30.9.49
--	---	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Oct. 3, 1949	24c. NAME OF CEMETERY OR CREMATORY St. Peters Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.
--	----------------------------------	--	---

DATE REC'D BY LOCAL REG. SEP 30 1949	REGISTRAR'S SIGNATURE J. B. Pasater	25. FUNERAL DIRECTOR'S SIGNATURE Kriegshauser	ADDRESS 4228 S. Kingshighway Bl.
--	---	---	--

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.

Signed

Richard W. Stovesand

Signed.....
Student Embalmer

Licensed Embalmer No. 4007

P. O. Address _____

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.