

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED APR 14 1950

State File No. **11036**
Registrar's No. **3203**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 3203	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE 3932 Finney Ave b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis Mo		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis Mo		d. STREET ADDRESS (If rural, give location) 11 21st	
d. FULL NAME OF HOSPITAL OR INSTITUTION Barnes Hospital				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) Bennie J. Sanders a. (First) _____ b. (Middle) _____ c. (Last) _____			4. DATE OF DEATH April 2-50 (Month) (Day) (Year)				
5. SEX Male	6. COLOR OR RACE colored	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH May 18 1885	9. AGE (In years last birthday) 64	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) barber		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) Kosciusko Miss		12. CITIZEN OF WHAT COUNTRY? See County	
13a. FATHER'S NAME Robert Sanders		13b. MOTHER'S MAIDEN NAME Ruby Prudent Sparks		14. NAME OF HUSBAND OR WIFE Hattie C. Sanders			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, on, or otherwise) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME, ADDRESS Hattie C. Sanders 3932 Finney			
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) Carcinoma Rectum ANTECEDENT CAUSES Morbid 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. Uremia				INTERVAL BETWEEN ONSET AND DEATH 1 1/2 - 2 yr	
19a. DATE OF OPERATION Feb 10 '50		19b. MAJOR FINDINGS OF OPERATION Cancer, Rectum - Abd. Perineal Resection				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) 15th St			
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? ✓			
22. I hereby certify that I attended the deceased from 4 Feb , 19 50 , to 2 Apr 1 , 19 50 , that I last saw the deceased alive on Mar 31 , 19 50 , and that death occurred at 8:25 a.m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Ben Eisner M.D.				23b. ADDRESS Barnes Hosp. St. Louis		23c. DATE SIGNED 4/4/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Apr. 6, 1950	24c. NAME OF CEMETERY OR CREMATORY Washington Park		24d. LOCATION (City, town, or county) (State) 6500 St Louis		
DATE REC'D BY LOCAL REG. APR 5 1950		REGISTRAR'S SIGNATURE J. B. Fasater		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Sneed Funeral Chapel 3615 Easton			

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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Leroy W. Jannister

Licensed Embalmer No. 4523

P. O. Address 3880 Easton 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.