

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **21969**
Registrar's No. **5683**

FILED JUL 8 1950

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BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		State File No. 21969		Registrar's No. 5683			
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY							
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) 65 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2269							
d. FULL NAME OF HOSPITAL OR INSTITUTION 3501 N. 20 Street				26 th STREET ADDRESS (If rural, give location) 3501 N. 20 Street 0							
3. NAME OF DECEASED (Type or Print) Fred Sanders			a. (First)			b. (Middle)			c. (Last)		
4. DATE OF DEATH June 29, 1950			5. SEX Male			6. COLOR OR RACE White			7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		
8. DATE OF BIRTH Mar. 13, 1867			9. AGE (In years last birthday) 83			IF UNDER 1 YEAR Months Days			IF UNDER 6 HRS. Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Confectionery Prop.				10b. KIND OF BUSINESS OR INDUSTRY Confectionery				11. BIRTHPLACE (State or foreign country) St. Louis, County, MO. 0		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Louis Sanders			13b. MOTHER'S MAIDEN NAME Unknown Rieger			14. NAME OF HUSBAND OR WIFE Lena 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. None			17. INFORMANT'S SIGNATURE OR NAME Lena Sanders			ADDRESS 3501 N. 20 Street		
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Left Hemiplegia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral Hemorrhage DUE TO (c) Arterio-Sclerosis. II. OTHER SIGNIFICANT CONDITIONS Senility Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH 4 mo. 4 mo. Years!!!			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						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)							
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? 331X							
22. I hereby certify that I attended the deceased from June 7, 1947 , to July 28, 1950 , that I last saw the deceased alive on July 28, 1950 , and that death occurred at 8:15A m. , from the causes and on the date stated above.											
23a. SIGNATURE (Degree or title) Melvin Jess M.D.				23b. ADDRESS 4118 1/2 West Florissant Ave				23c. DATE SIGNED 6-29-50			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE July 1, 1950		24c. NAME OF CEMETERY OR CREMATORY Zion Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, CO. MO.					
DATE REC'D BY LOCAL REG. JUN 30 1950		REGISTRAR'S SIGNATURE J. B. Pasater				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Suedmeyer & Son's 3934 N. 20 Street					

(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.

Signed *Neville B. Whitte*

Signed.....
Student Embalmer

Licensed Embalmer No. *3696*

P. O. Address *3934 N. 20th ST.*

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.