

STANDARD CERTIFICATE OF DEATH

State File No. **35293**

FILED OCT 18 1950

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **8481**

**1. PLACE OF DEATH**

a. COUNTY \_\_\_\_\_

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis**

c. LENGTH OF STAY (in this place) \_\_\_\_\_

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) **Homer G Phillips Hospital**

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission)

a. STATE **Missouri** b. COUNTY \_\_\_\_\_

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis** **0780**

d. STREET ADDRESS (If rural, give location) **S. E. Missouri (only address given)**

**3. NAME OF DECEASED**

a. (First) **Robert** b. (Middle) \_\_\_\_\_ c. (Last) **Sanders**

(Type or Print)

**4. DATE OF DEATH** (Month) (Day) (Year)  
**Sept. 29 1950**

**5. SEX** **Male**

**6. COLOR OR RACE** **Colored**

**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify)  
**Wid**

**8. DATE OF BIRTH** **7-31-1879**

**9. AGE** (In years last birthday) **71**

If UNDER 1 YEAR: Months **2** Days \_\_\_\_\_  
If UNDER 24 HRS. Hours \_\_\_\_\_ Mins. \_\_\_\_\_

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired)  
**Laborer**

**10b. KIND OF BUSINESS OR INDUSTRY**  
**None**

**11. BIRTHPLACE** (State or foreign country) **Tenn.**

**12. CITIZEN OF WHAT COUNTRY?**  
**U S &**

**13a. FATHER'S NAME**  
**Robin Sanders**

**13b. MOTHER'S MAIDEN NAME**  
**Etta Coplon**

**14. NAME OF HUSBAND OR WIFE**  
**Unknown**

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) **Unk**

**16. SOCIAL SECURITY NO.** **Unk**

**17. INFORMANT'S SIGNATURE OR NAME** **Elizabeth Rhodes** **ADDRESS** **2601 N Whittier St**

**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** **Metastasis**

**I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\*** (a) **Carcinoma of Stomach with generalized**

**ANTECEDENT CAUSES**

**DUE TO (b)** **Undetermined**

**DUE TO (c)** **None**

**II. OTHER SIGNIFICANT CONDITIONS**  
Conditions contributing to the death but not related to the disease or condition causing death. **None**

**INTERVAL BETWEEN ONSET AND DEATH**  
**Undet.**

**19a. DATE OF OPERATION**  
.....

**19b. MAJOR FINDINGS OF OPERATION**

**20. AUTOPSY?**  
YES  NO

**21a. ACCIDENT SUICIDE HOMICIDE** (Specify) **No**

**21b. PLACE OF INJURY** (e.g., to or about home, farm, factory, street, office bldg., etc.)

**21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)**

**21d. TIME OF INJURY** (Month) (Day) (Year) (Hour)

**21e. INJURY OCCURRED WHILE AT WORK**  **NOT WHILE AT WORK**

**21f. HOW DID INJURY OCCUR?** **151X**

**22. I hereby certify that I attended the deceased from** **9-19**, **1950**, to **9-29**, **1950**, that I last saw the deceased alive on **9-29**, **1950**, and that death occurred at **10:35 a.m.**, from the causes and on the date stated above.

**23a. SIGNATURE** *M. D. Lawrence* (Degree or title) **M. D.**

**23b. ADDRESS** **2601 N Whittier St**

**23c. DATE SIGNED** **10-3-50**

**24a. BURIAL, CREMATION, REMOVAL** (Specify)

**24b. DATE** **OCT 9 1950**

**24c. NAME OF CEMETERY OR CREMATORY** **Anatomical Board**

**24d. LOCATION** (City, town, or county) (State)

**DATE REC'D BY LOCAL REG.** **OCT 9 1950**

**REGISTRAR'S SIGNATURE** *J. B. Pasater*

**25. FUNERAL DIRECTOR'S SIGNATURE** **Rowland Mortuary Service Inc.**

**ADDRESS** **4104 Manchester Ave St. Louis 10, Mo.**

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

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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.....

Signed.....  
Student Embalmer

Licensed Embalmer No.....

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.