

FILED NOV 24 1950

STANDARD CERTIFICATE OF DEATH

State File No. 38992  
 Registrar's No. 9690

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **100**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis;</b>		c. LENGTH OF STAY (In this place) c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis;</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>3132 N. Newstead Ave.</b>		d. STREET ADDRESS (If rural, give location) <b>3132 N. Newstead Ave.</b>	
3. NAME OF DECEASED a. (First) <b>Joseph</b> b. (Middle) c. (Last) <b>Sanders</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Nov, II 1950</b>
5. SEX <b>Male 2</b>	6. COLOR OR RACE <b>Col.</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, <b>Married</b> (Specify)	8. DATE OF BIRTH <b>April 10 1898.</b>
9. AGE (In years) <b>52</b> (If under 1 year: Months) <b>7</b> (If under 1 month: Days) <b>1</b> (If under 1 week: Hours) <b>1</b> (If under 1 day: Mins.)		11. BIRTHPLACE (State or foreign country) <b>Memphis, Tenn</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>George Sanders</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>	14. NAME OF HUSBAND OR WIFE <b>Ruby Sanders</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>469-10-4928</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Ruby Sanders</b> ADDRESS <b>3132 N. Newstead Ave.</b>
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Apoplexy left lateral ventricle</b> 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.	
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) <b>St. Louis</b> (STATE) <b>Mo.</b>	
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	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <b>10:00 P.M.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>Walter Perry</b> (Degree or title)		23b. ADDRESS <b>1300 Clark</b>	23c. DATE SIGNED <b>11/13/50</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Nov. 16, 1950</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Greenwood Cem.</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis Co. Mo.</b>
DATE REC'D BY LOCAL REG. <b>Nov 15 1950</b>	REGISTRAR'S SIGNATURE <b>J. B. Pascher</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Wright's Funeral Home</b> ADDRESS <b>3100 Easton Ave.</b>	

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 Arthur L Hilliard

Signed.....  
Student Embalmer

Licensed Embalmer No. 4221 St Jers

P. O. Address 4049 St Ferdinand

**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.