S. No. 300
V. 10.48

3

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

FILED AUG 25 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28687

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 7208

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
c. LENGTH OF STAY (in this place): 20 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Enroute to City Hosp. #1.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis 2197
d. STREET ADDRESS (If rural, give location): 4323 West Pine Blvd. 0

3. NAME OF DECEASED (Type or Print)
a. (First): GROVER
b. (Middle): M
c. (Last): SANDERS

4. DATE OF DEATH (Month) (Day) (Year): August 11, 1951

5. SEX: M 0
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): M
8. DATE OF BIRTH: Feb. 11, 1901
9. AGE (In years last birthday): 50 — If under 1 year: Months / Days — If under 1 hr.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): truck driver
10b. KIND OF BUSINESS OR INDUSTRY: Plaza Express
11. BIRTHPLACE (State or foreign country): Madison Co. Mo. 0
12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME: John Sanders
13b. MOTHER'S MAIDEN NAME: Rose Lashley
14. NAME OF HUSBAND OR WIFE: Delena

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME: Delena Sanders — **ADDRESS**: 4323 West Pine Blvd.

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 — INTERVAL BETWEEN ONSET AND DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Left Hemothorax; Laceration of Heart; Fx of ribs; when

ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) deceased jumped from the

DUE TO (c) Arthur Bridge into the

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death: Mississippi River, on Aug 11, 51, at about 235 pm

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: Suicide, while suffering from temporary Mental aberration
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Suicide
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): River
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): St. Louis Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Aug 11 51 235 p.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? E978X

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 235 p. m., from the causes and on the date stated above.*

23a. SIGNATURE: Patrick E Gayer (Degree or title): Coroner
23b. ADDRESS: 1300 Clark
23c. DATE SIGNED: 8 13 51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8-14-51
24c. NAME OF CEMETERY OR CREMATORY
24d. LOCATION (City, town, or county) (State): Zion, Missouri

DATE REC'D BY LOCAL REG.: AUG 13 1951
REGISTRAR'S SIGNATURE: [illegible] M.D.
25. FUNERAL DIRECTOR'S SIGNATURE: McLaughlin — **ADDRESS**: 2301 Lafayette Avenue

(Licensed Embalmer's Statement on Reverse Side)

coroner

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 L. P. Cooper

Signed.....
Student Embalmer

Licensed Embalmer No. 3633

P. O. Address 2317 Lafayette

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.