

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43305**
Registrar's No. **11749**

FILED JAN 16 1952

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY Missouri		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY 211	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4329 A Cook W.		d. STREET ADDRESS (If rural, give location) 11 4329 A Cook	

3. NAME OF DECEASED (Type or Print) a. (First) JESSE b. (Middle) SAUNDERS c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) 12 30 51		
5. SEX MALE		6. COLOR OR RACE AM. NEGRO		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	
8. DATE OF BIRTH 1/5/86			9. AGE (In years last birthday) 65		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BUTLER			10b. KIND OF BUSINESS OR INDUSTRY		
11. BIRTHPLACE (State or foreign country) COLUMBIA, TENN.				12. CITIZEN OF WHAT COUNTRY?	

13a. FATHER'S NAME UNKNOWN		13b. MOTHER'S MAIDEN NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE WIDOWED	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 486-22-906		17. INFORMANT'S SIGNATURE OR NAME Marie Goodson	
				ADDRESS 1907 Koode	

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				INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute myocardial Infarction				1 hour	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic Heart Dis.				30 months	
		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 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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 4200	

22. I hereby certify that I attended the deceased from **June 26, 1949**, to **Dec 27, 1951**, that I last saw the deceased alive on **Dec 27, 1951**, and that death occurred at **11:40 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE Edward B. Williams M.D.		23b. ADDRESS 4242 Easton, St Louis		23c. DATE SIGNED 12-31-51	
24a. BURIAL - CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 1/3/52		24c. NAME OF CEMETERY OR CREMATORY ST. PETERS	
				24d. LOCATION (City, town, or county) (State) ST. LOUIS, MO	

DATE REC'D BY LOCAL REGS. JAN 2 1952		REGISTRAR'S SIGNATURE Carl Smith, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE James H. Hefner	
				ADDRESS 4247 Lebovie	

(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.

Signed Leonard H. Grant
Student Embalmer

Student Embalmer No. 414
Signed Lawrence E. Wasson

Licensed Embalmer No. 4341
P. O. Address St Louis Mo

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.