

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

40685

State File No. 10678  
Registrar's No. 10678

FILED DEC 12 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

|  |  |   |  |
|--|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE Missouri b. COUNTY |  |
| 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 Homer G Phillips Hospital                      |  | d. STREET ADDRESS (If rural, give location) 25 1529 Franklin  |  |

|   |                        |   |   |                                    |                                  |
|---|------------------------|---|---|------------------------------------|----------------------------------|
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) William b. (Middle) Sanderson c. (Last) Sanderson |                        |   | 4. DATE OF DEATH (Month) (Day) (Year)<br>Nov. 19 1952                   |                                    |                                  |
| 5. SEX Male   | 6. COLOR OR RACE Negro | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Widowed | 8. DATE OF BIRTH Sept. 29, 1895   | 9. AGE (In years last birthday) 57 |                                  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Porter  |                        | 10b. KIND OF BUSINESS OR INDUSTRY None                          | 11. BIRTHPLACE (City and State or Foreign Country) Middleton, Tennessee |                                    | 12. CITIZEN OF WHAT COUNTRY? USA |

|                                    |                                       |                                     |
|------------------------------------|---------------------------------------|-------------------------------------|
| 13a. FATHER'S NAME A. L. Sanderson | 13b. MOTHER'S MAIDEN NAME Mary Crosby | 14. NAME OF HUSBAND OR WIFE Unknown |
|------------------------------------|---------------------------------------|-------------------------------------|

|  |                                     |   |                          |
|--|-------------------------------------|---|--------------------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes War 1 | 16. SOCIAL SECURITY NO. 332-03-4818 | 17. INFORMANT'S SIGNATURE OR NAME P. W. Sanderson | ADDRESS Dyersburg, Tenn. |
|--|-------------------------------------|---|--------------------------|

|   |  |  |   |
|---|--|--|---|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive Heart Failure  |  | INTERVAL BETWEEN ONSET AND DEATH Undet. |
|   | ANTECEDENT CAUSES<br>DUE TO (b) Hypertensive Cardiovascular Disease<br><i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> |  |   |
|   | II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. None                                       |  |   |

|                        |                                  |  |
|------------------------|----------------------------------|--|
| 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? 442x |
|--|--|---------------------------------|

22. I hereby certify that I attended the deceased from 11-16 19 52, to 11-19- 19 52, that I last saw the deceased alive on 11-19, 19 52, and that death occurred at 9:40a.m., from the causes and on the date stated above.

|   |                                 |                           |
|---|---------------------------------|---------------------------|
| 23a. SIGNATURE (Degree or title) Edward B. Williams | 23b. ADDRESS 2601 N Whittier St | 23c. DATE SIGNED 11-20-52 |
|---|---------------------------------|---------------------------|

|   |                    |  |   |
|---|--------------------|--|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 24b. DATE 11/20/52 | 24c. NAME OF CEMETERY OR CREMATORY DYERSBURG | 24d. LOCATION (City, town, or county) (State) TENN. |
|---|--------------------|--|---|

|                                      |   |  |                          |
|--------------------------------------|---|--|--------------------------|
| DATE REC'D BY LOCAL REG. NOV 20 1952 | REGISTRAR'S SIGNATURE J. Earl Smith, M.D. | 25. FUNERAL DIRECTOR'S SIGNATURE G. Wade Granberry | ADDRESS 4202 Finney Ave. |
|--------------------------------------|---|--|--------------------------|

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

MAR 1 1955  
JAN 27 1955

**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Melvin E. Green

Licensed Embalmer No. 4428

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.