

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7908**Registrar's No. **1340**

FILED FEB 25 1953

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) 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 2189	
d. FULL NAME OF HOSPITAL OR INSTITUTION Enroute H. G. Phillips		d. STREET ADDRESS (If rural, give location) 18 318 So. Garrison Avenue	
3. NAME OF DECEASED (Type or Print) a. (First) Willie b. (Middle) L. c. (Last) Sanders		4. DATE OF DEATH (Month) (Day) (Year) 2 1 1953	
5. SEX Male 2	6. COLOR OR RACE Colored	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 12 - 7 - 1914
9. AGE (In years last birthday) 38	IF UNDER 1 YEAR Months 1 Days 24	IF UNDER 1 MTS. Hours	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck Operator		10b. KIND OF BUSINESS OR INDUSTRY Emerson Electric	
11. BIRTHPLACE (City and State or Foreign Country) Cannon, Mississippi		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME Wheeler Sanders		13b. MOTHER'S MAIDEN NAME Amanda Nichlos	
14. NAME OF HUSBAND OR WIFE Verna Sanders L.			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) Yes W #2		16. SOCIAL SECURITY NO. 304-14-8479	
17. INFORMANT'S SIGNATURE OR NAME Verna Sanders		ADDRESS 318 So. Garrison Av.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) Exanguination from penetrating wound of right ventricle and the right pulmonary artery, suffered when shot with gun in the hands of one Augusta Labadie (Col.) in room of home, 3145-a Bell Ave., about 1:42 P.M., February 1, 1953. <i>Conditions contributing to the death but not related to the disease or condition causing death. JUSTIFIABLE HOMICIDE</i>		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>			
II. OTHER SIGNIFICANT CONDITIONS			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
21a. ACCIDENT SUICIDE HOMICIDE Justifiable homicide		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis Mo			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Feb 1 1953 1:42 p.m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? E981X			
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 1:55 p.m. , from the causes and on the date stated above.			
23a. SIGNATURE Walter Gary Ruppert, M.D. (Degree or title)		23b. ADDRESS 1300 Clark	
23c. DATE SIGNED 2/4/53			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 2-5-1953	
24c. NAME OF CEMETERY OR CREMATORY Leland, Mississippi		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. FEB 4 1953		REGISTRAR'S SIGNATURE J. Earl Smith M.D.	
25. FUNERAL DIRECTOR'S SIGNATURE People's Und. Co., 3100 Franklin		ADDRESS	

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 W. Claude Gordon

Licensed Embalmer No. 3489

P. O. Address 4575 Aldine

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.