

No. 300
10-28

FILED MAY 12 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **14430**

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **547** Registrar's No. **1017**

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Illinois b. COUNTY _____	
b. CITY OR TOWN Richmond Hts		c. CITY OR TOWN West Frankfort	
c. LENGTH OF STAY (in this place) 5 months		d. Is residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) St. Marys Hospital		e. STREET ADDRESS (If rural, give location) 908 E. Main St	

3. NAME OF DECEASED (Type or Print) a. (First) Alice b. (Middle) Sanders c. (Last) Sanders			4. DATE OF DEATH (Month) (Day) (Year) 4 27 1954		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	
8. DATE OF BIRTH Sept-18-1914		9. AGE (In years last birthday) 39		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Photo Stat. U.S. Govt	
10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) Chester Ill		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Ernest Sanders		13b. MOTHER'S MAIDEN NAME Claudia Mae Marvel		14. NAME OF HUSBAND OR WIFE None	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. unk.		17. INFORMANT'S SIGNATURE OR NAME Roseane Sanders ADDRESS West Frankfort Ill	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 years	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Ulcerative Colitis		II. OTHER SIGNIFICANT CONDITIONS			
ANTECEDENT CAUSES		MORBID CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last.			
DUE TO (b) _____		DUE TO (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.		Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION 3-2-1954		19b. MAJOR FINDINGS OF OPERATION Ulcerative Colitis		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) 5722	
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? _____	

22. I hereby certify that I attended the deceased from **July 18**, 19**53**, to **April 27**, 19**54**, that I last saw the deceased alive on **April 26**, 19**54**, and that death occurred at **1 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) John W. Stewart M.D.		23b. ADDRESS 4660 Maryland Ave. St. Louis Mo		23c. DATE SIGNED 4-27-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 4-27-54		24c. NAME OF CEMETERY OR CREMATORY Liberty	
24d. LOCATION (City, town, or county) (State) West Frankfort Illinois		25. FUNERAL DIRECTOR'S SIGNATURE Herbert K. Romke		ADDRESS Funeral Home West Frankfort Ill	
DATE REC'D BY LOCAL REG. 5/1/54		REGISTRAR'S SIGNATURE Herbert K. Romke			

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 Student Embalmer No. working under my personal supervision. .

Student.....
Signature of Student Embalmer

Signed.....
J. Allen Day

Licensed Embalmer No. *46*
P. O. Address.....
St. J.

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.