

FILED JUN 8 1954

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

17549

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 1170

4000

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

| | | | |
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| 1. PLACE OF DEATH a. COUNTY <u>St. Louis</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY _____ | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Koch, Mo</u> | c. LENGTH OF STAY (In this place) <u>577 d.</u> | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> <u>2219</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Robert Koch Hospital</u> | | d. STREET ADDRESS (If rural, give location) <u>3228 Lawton</u> | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Robert</u> b. (Middle) <u>-</u> c. (Last) <u>Sanders</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>May 17, 1954</u> | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>Negro</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u> | 8. DATE OF BIRTH <u>3-12-05</u> |
| 9. AGE (In years last birthday) <u>49</u> | | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Barber</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>SELF-EMPLOYED</u> |
| 11. BIRTHPLACE (City and State or Foreign Country) <u>Columbus, Miss.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |

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| 13a. FATHER'S NAME <u>Shelp Sanders</u> | 13b. MOTHER'S MAIDEN NAME <u>Lucy Allen</u> | 14. NAME OF HUSBAND OR WIFE <u>Benlah Dudley</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> | 16. SOCIAL SECURITY NO. <u>UNKNOWN</u> | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Rbt Koch Hosp., Koch, Mo</u> |
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| 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, asphyxia, 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) <u>Pulmonary Tuberculosis</u> | | <u>2 yrs</u> |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Silicosis (?)</u> DUE TO (c) _____ | | <u>? yrs</u> |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION _____ | 19b. MAJOR FINDINGS OF OPERATION _____ | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 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) <u>00# X</u> |
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| 21d. TIME (Month) (Day) (Year) (Hour) OF INJURY _____ | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? _____ |
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22. I hereby certify that I attended the deceased from Oct. 17, 1952 to May 17, 1954, that I last saw the deceased alive on May 17, 1954, and that death occurred at 8:35p m., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) <u>Bernard Friedman M.D.</u> | 23b. ADDRESS <u>Robert Koch Hosp, Koch, Mo</u> | 23c. DATE SIGNED <u>5-18-54</u> |
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| 24a. BURIAL (Specify) _____ | 24b. DATE <u>May 24/54</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Washington Park</u> | 24d. LOCATION (City, town, or county) (State) <u>St Louis Co. MO</u> |
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|---|--|---|
| DATE REC'D BY LOCAL REG. <u>5-20-54</u> | REGISTRAR'S SIGNATURE <u>Robert R. Donk M.D.</u> | FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>F. A. Allen 4214 Delmar</u> |
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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

J. A. Green

Licensed Embalmer No. 2963

P. O. Address 4214 Palmer

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.