

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **21147**  
Registrar's No. **4523**

FILED JUN 24 1954

REG. DIST. NO. **318**

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

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

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>4523</b>	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo</b> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give town) <b>ST. LOUIS, MISSOURI</b>		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN <b>St Louis</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>ST. LOUIS CITY HOSPITAL</b>				e. STREET ADDRESS (If rural, give location) <b>230 No Boyle</b>			
3. NAME OF DECEASED (Type or Print) <b>EMMA</b>		a. (First)		b. (Middle) <b>REYNER</b>		c. (Last)	
5. SEX <b>female</b>		6. COLOR OR RACE <b>white</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>divorced 3</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>MAY 19, 1954</b>	
8. DATE OF BIRTH <b>May 22, 1897</b>		9. AGE (In years last birthday) <b>56</b>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>at home</b>				10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <b>Lewistown, Ill</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>				13a. FATHER'S NAME <b>Ambrose Green Sanders</b>		13b. MOTHER'S MAIDEN NAME <b>Rebecca Ann Green</b>	
14. NAME OF HUSBAND OR WIFE _____				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>487-32-3149</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Alice Jennings</b>				ADDRESS <b>786 Chelsea</b>			
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Common Duct Obstruction</b> ANTECEDENT CAUSES DUE TO (b) <b>Gastric Ulcer</b> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) <b>Hydrops of Gall bladder</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH _____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) (Min.) _____	
21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>5400</b>				22. I hereby certify that I attended the deceased from <b>5-10-54</b> , 19____, to <b>5-19-54</b> , 19____, that I last saw the deceased alive on <b>5-19-54</b> , 19____, and that death occurred at <b>3:30 a.m.</b> , from the causes and on the date stated above.	
23a. SIGNATURE <b>Richard F. Jette</b> (Degree or title) <b>MD</b>		23b. ADDRESS <b>1515 Lafayette Avenue</b>		23c. DATE SIGNED <b>5-19-54</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>5/21/54</b>		24c. NAME OF CEMETERY OR CREMATORY <b>St. Matthew Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis Mo</b>	
DATE REC'D BY LOCAL REG. <b>MAY 20 1954</b>		REGISTRAR'S SIGNATURE <b>Carl Smith</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>L Ziegenhein &amp; Sons</b>		ADDRESS <b>7027 Gravois</b>	

**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 *C P K idwell*.....

Licensed Embalmer No. *387*.....

P. O. Address *7027*.....

**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.**