

FILED OCT 26 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

35923

State File No. ....

No. 300  
10-48

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 9494

1. PLACE OF DEATH  
a. COUNTY \_\_\_\_\_  
2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE Illinois b. COUNTY St. Clair

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis c. LENGTH OF STAY (in this place) \_\_\_\_\_  
c. CITY OR TOWN East St. Louis d. Is Residence within limits of a city or incorporated town? Yes  No

d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G. Phillips Hospital  
e. STREET ADDRESS (If rural, give location) 27 N. 122nd Street 8128

3. NAME OF DECEASED (Type or Print) a. (First) George b. (Middle) \_\_\_\_\_ c. (Last) Sanders 4. DATE OF DEATH (Month) (Day) (Year) 10 16 54

5. SEX Male 6. COLOR OR RACE Negro 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 8. DATE OF BIRTH Dec. 21, 1917 9. AGE (In years last birthday) 36 10. UNDER 1 YEAR Months \_\_\_\_\_ 11. UNDER 1 YEAR Days \_\_\_\_\_ 12. UNDER 1 HR. Hours \_\_\_\_\_ Min. \_\_\_\_\_

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Musician 10b. KIND OF BUSINESS OR INDUSTRY Self-Employed 11. BIRTHPLACE (City and State or Foreign Country) Indianapolis, Indiana 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Harry Sanders 13b. MOTHER'S MAIDEN NAME Marie Mosby 14. NAME OF HUSBAND OR WIFE Mable Sanders

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. Unknown 17. INFORMANT'S SIGNATURE OR NAME Harry Sanders ADDRESS 431 N. California St. Indianapolis, Ind.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Carcinoma of the Esophagus INTERVAL BETWEEN ONSET AND DEATH Undt.

\*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.  
ANTECEDENT CAUSES DUE TO (b) \_\_\_\_\_  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (c) \_\_\_\_\_

II. OTHER SIGNIFICANT CONDITIONS Metastasis to Trachea and regional Lymph Nodes

19a. DATE OF OPERATION \_\_\_\_\_ 19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_ 20. AUTOPSY? YES  NO

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  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? 150X

22. I hereby certify that I attended the deceased from 9-13, 1954, to 10-16, 1954, that I last saw the deceased alive on 10-16, 19-54, and that death occurred at 12:20A m., from the causes and on the date stated above.

23a. SIGNATURE Price S. Braithwaite (Degree or title) M.D. 23b. ADDRESS 2601 N. Whittier 23c. DATE SIGNED 10-19-54

24a. HOLLOWAY CORKER X TION REMOVAL (Specify) \_\_\_\_\_ 24b. DATE 10/18/1954 24c. NAME OF CEMETERY OR CREMATORY Grwon Hill 24d. LOCATION (City, town, or county) (State) Indianapolis, Indiana

DATE REC'D BY LOCAL REG. OCT 19 1954 REGISTRAR'S SIGNATURE Charles Smith M.D. 25. FUNERAL DIRECTOR'S SIGNATURE Marion Office ADDRESS 2114 Mo. Ave. E. St. Louis, Ill.

(Licensed Embalmer's Statement on Reverse Side)

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

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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.....  
Signature of Student Embalmer

Signed *Ben H. Baldwin*.....

Licensed Embalmer No. *2420*.....

P. O. Address *721 N. 26th*.....

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.