

FILED JAN 18 1955

STANDARD CERTIFICATE OF DEATH

State File No. 43976

Registrar's No. 11637

BIRTH NO. 93105-54 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. LENGTH OF STAY (in this place) 13 days	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2259	
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G. Phillips			d. STREET ADDRESS (If rural, give location) 25 1313 Carr			
3. NAME OF DECEASED (Type or Print) Darrell		a. (First)	b. (Middle)	c. (Last) Sanders	4. DATE OF DEATH (Month) 12 (Day) 7 (Year) 54	
5. SEX Male 2	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) y	8. DATE OF BIRTH 11-24-54	9. AGE (In years last birthday) 13	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME Ophelia Sanders		14. NAME OF HUSBAND OR WIFE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Luther M. Howard, B.R.L.		ADDRESS 2601 N. Whittier	
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) Pneumonia, aspiration			INTERVAL BETWEEN ONSET AND DEATH			
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.			ANTECEDENT CAUSES			
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			DUE TO (b)			
DUE TO (c)			II. OTHER SIGNIFICANT CONDITIONS Intestinal Obstruction, due to Adhesion and Bands. Congenital			
Conditions contributing to the death but not related to the disease or condition causing death.			19a. DATE OF OPERATION			
19b. MAJOR FINDINGS OF OPERATION Pyloric Stenosis Congenital			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) m.			
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 7630					
22. I hereby certify that I attended the deceased from 11-24-1954, to 12-7-1954, that I last saw the deceased alive on 12-7-1954 and that death occurred at 6:05 p. m., from the causes and on the date stated above.						
23a. SIGNATURE (Degree or title) William H. Sinkler M. D.			23b. ADDRESS 2601 N. Whittier		23c. DATE SIGNED 12-8-54	
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE 12-31-54	24c. NAME OF CEMETERY OR CREMATORY Anatomical Board	24d. LOCATION (City, town, or county) (State) St. Louis, Mo.			
DATE REC'D BY LOCAL REG. DEC 22 1954	REGISTRAR'S SIGNATURE J. C. Smith Mo. 2288		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Rowland-Aker Mortuary Service 1104 St. Louis 10, Mo.			

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.....

Licensed Embalmer No.

P. O. Address.....

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.