

FILED JAN 18 1955

STANDARD CERTIFICATE OF DEATH

State File No. **43978**
Registrar's No. **11671**

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

BIRTH NO. _____ 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) St. Louis, Mo.		c. CITY OR TOWN St. Louis, Mo.	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 12 hours		e. STREET ADDRESS (If rural, give location) 2239 2746a Park Ave.	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital			
3. NAME OF DECEASED (Type or Print) a. (First) GEORGE b. (Middle) P. c. (Last) SANDERS		4. DATE OF DEATH (Month) (Day) (Year) December 21, 1954	
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 6-17-1881
9. AGE (In years last birthday) 73		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter	11. BIRTHPLACE (City and State or Foreign Country) Trigg Co. Kentucky
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY Retired	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Thomas Sanders		13b. MOTHER'S MAIDEN NAME Mary Stigers	14. NAME OF HUSBAND OR WIFE Christine
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME, ADDRESS Christine Sanders, 2746 A. Park Ave. St. Louis, Mo.
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Due to (b) Status Asthmaticus DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input 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? 24IX	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 5:15 P. m., from the causes and on the date stated above.			
23a. SIGNATURE Patricia Taylor Coroner		23b. ADDRESS 1300 Clark	23c. DATE SIGNED 12.22.54
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE 12-22-1954	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) Princeton, Kentucky
DATE REC'D BY LOCAL REG. DEC 22 1954	REGISTRAR'S SIGNATURE J. Carl Smith MD <i>m 8 B</i>	FUNERAL DIRECTOR'S SIGNATURE McCaughin Funeral Home, Inc. 2301 Lafayette, St. Louis 4, Missouri	

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 *James R. Chapman*.....
Licensed Embalmer No. *455*
P. O. Address *St. Louis*.....

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.