

FILED NOV 10 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35389

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 2513

1. PLACE OF DEATH a. COUNTY Saint Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give town) Clayton		c. LENGTH OF STAY (in this place) D.O.B.	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis Co. Hosp.		c. CITY OR TOWN Jennings, 413 d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS 7069 Florence Avenue,			
3. NAME OF DECEASED (Type or Print) JOHN FRANKLIN (FRANK) SAUNDERS		4. DATE OF DEATH (Month) (Day) (Year) 10/29/55	
5. SEX Male 6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED/WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH 8/31/95		9. AGE (In years last birthday) 60 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) Watchmaker		10b. KIND OF BUSINESS OR INDUSTRY Goldstein Jewelry Co., Owensboro, Kentucky	
11. BIRTHPLACE (City and State or Foreign Country) USA		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Reuben S. Saunders		13b. MOTHER'S MAIDEN NAME Lydia N. Kennady	
14. NAME OF HUSBAND OR WIFE Lillian Saunders nee Mead			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) World War # 1		16. SOCIAL SECURITY NO. 332-14-4485	
17. INFORMANT'S SIGNATURE OR NAME Lillian Saunders, 7069 Florence Ave.,		ADDRESS Jennings, Mo 20, Mo	
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) Unknown natural causes		INTERVAL BETWEEN ONSET AND DEATH 1 hr	
*This does not mean the mode of dying, such as heart failure, asthma, 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			
Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 7955	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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?			
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 _____ m., from the causes and on the date stated above.			
23a. SIGNATURE Herbert R. Domke (Degree or title) Local Registrar		23b. ADDRESS 651 S. Brentwood Blvd.	
23c. DATE SIGNED 11-8-55			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 11/1/55	
24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Missouri	
DATE REC'D BY LOCAL REG. 10-31-55		REGISTRAR'S SIGNATURE Herbert R. Domke M.D.	
25. FUNERAL DIRECTOR'S SIGNATURE CALVIN F. FEUTZ		ADDRESS 4828 Natural Bridge Blvd.,	
25. FUNERAL HOME INC		St. Louis, 15, Missouri.	

59. (Licensed Embalmer's Statement on Reverse Side)

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

No. 300
F 10-48

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 *John A. Mhuar*.....

Licensed Embalmer No. *418*

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.