

FILED DEC 13 1955

STANDARD CERTIFICATE OF DEATH

State File No. **39226**

BIRTH NO. _____		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 547		Registrar's No. 2775			
1. PLACE OF DEATH a. COUNTY St. Louis County				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 township) OR TOWN Richmond Heights		c. LENGTH OF STAY (In this place) 10 YEARS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Richmond Heights 480					
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Mary's Hospital				d. STREET ADDRESS (If rural, give location) 1100 Bellevue Avenue					
3. NAME OF DECEASED (Type or Print) a. (First) Sister b. (Middle) Mary Dominic c. (Last) Sanders			4. DATE OF DEATH Nov. 25, 1955						
5. SEX F		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married		8. DATE OF BIRTH May 23, 1874			
9. AGE (In years last birthday) 81		10. KIND OF BUSINESS OR INDUSTRY Religion		11. BIRTHPLACE (City and State or Foreign Country) St. Peters, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Religion		10b. KIND OF BUSINESS OR INDUSTRY Religious		11. BIRTHPLACE (City and State or Foreign Country) St. Peters, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Arnold Sanders			13b. MOTHER'S MAIDEN NAME Mary T. Pohlmeier			14. NAME OF HUSBAND OR WIFE None			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		18. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Sister M. Francine, 1100 Bellevue Avenue					
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) Pyelonephritis, bilateral, acute				INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) Bronchopneumonia, acute		24 hours			
				DUE TO (c) Transverse fracture, neck of left femur; cholelithiasis, chronic		10-3-55			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				Post-operative abscess, left hip joint.					
19a. DATE OF OPERATION 10-6-55		19b. MAJOR FINDINGS OF OPERATION Transverse fracture, neck of left femur.				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) Fall		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) house		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Richmond Heights, St. Louis, Mo					
21d. TIME OF INJURY (Month) (Day) (Year) 10 3 55		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Leg gave away, and patient fell.					
22. I hereby certify that I attended the deceased from 10-3-55 , to 11-24, 1955 , that I last saw the deceased alive on 11-21, 1955 , and that death occurred at 11:55 p.m. , from the causes and on the date stated above.									
23a. SIGNATURE <i>James Q. [Signature]</i>				23b. ADDRESS Missouri Theatre Building		23c. DATE SIGNED 11-25-55			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Nov 28-1955		24c. NAME OF CEMETERY OR CREMATORY Resurrection Cem. St. Louis, Mo.		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.			
DATE REC'D BY LOCAL REG. 11-27-55		REGISTRAR'S SIGNATURE <i>Hubert P. [Signature]</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>W. H. [Signature]</i> ADDRESS 6536 Clayton Rd					

(Licensed Embalmer's Statement on Reverse Side)

Rich 145 17 Mo

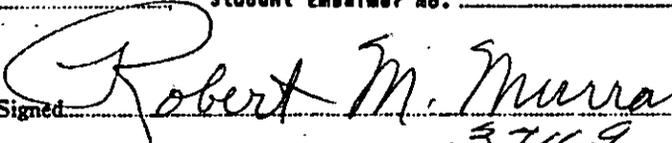
STATEMENT BY LICENSED EMBALMER

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. 3749

P. O. Address St. Louis, Mo.

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.