

FILED JAN 17 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

2984

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1009** Registrar's No. **170**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis,</b>		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <b>St. Louis,</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>4231 Wyoming St.,</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Henry</b> b. (Middle) <b>J.</b> c. (Last) <b>Sanders,</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>January 5, 1956</b>	
5. SEX <b>Male.</b>	6. COLOR OR RACE <b>White,</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married,</b>	8. DATE OF BIRTH <b>August 18, 1880</b>
9. AGE (In years last birthday) <b>75</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Shipping Clerk,</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Germany,</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13. FATHER'S NAME	
13b. MOTHER'S MAIDEN NAME <b>Elizabeth Buss,</b>		14. NAME OF HUSBAND OR WIFE <b>Ida C. Sanders,</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME <b>Ida C. Sanders, 4231 Wyoming St.,</b>		ADDRESS	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocardial Infarct</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerotic Coronary Arteriosclerosis</b> DUE TO (c) <b>Arteriosclerotic Heart Disease</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>4200</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>4200</b>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. ACCIDENT SUICIDE HOMICIDE (Specify)	
21a. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21b. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21c. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21e. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from <b>Jan 5, 1956</b> , to <b>Jan 5, 1956</b> , that I last saw the deceased alive on <b>29 Dec, 1955</b> , and that death occurred at <b>1:50 P</b> m., from the causes and on the date stated above.	
23a. SIGNATURE <b>Raymond T. Martin</b> (Degree or title) <i>Raymond T. Martin, M.D.</i>		23b. ADDRESS <b>528 Cherokee</b>	
23c. DATE SIGNED <b>Jan 6, 56</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial,</b>	
24b. DATE <b>1/9/56</b>		24c. NAME OF CEMETERY OR CREMATORY <b>SS, Peter &amp; Paul Cem.</b>	
24d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Gebken-Benz Mortuary, 2842 Meramec St.,</b>	
DATE REC'D BY LOCAL REG. <b>JAN 6 1956</b>		REGISTRAR'S SIGNATURE <i>Charles Smith</i> <b>St. Louis, 18, Mo.</b>	

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

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 me....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed Loren E. Percy.....

Licensed Embalmer No...4094...  
2842 Meramec S  
P. O. Address..St. Louis,..18,

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.