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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

FILED OCT 16 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 36129

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8837

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) ST. LOUIS, MISSOURI — Inside Limits Yes ☐ No ☐	c. CITY OR TOWN St.Louis — Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) ST. LOUIS CITY HOSPITAL #1. — Length of stay in Hospital 25	d. STREET ADDRESS (If outside, give location) 112 S. 4th St. — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print)	First: ARTHUR	Middle:	Last: SANDERS
4. DATE OF DEATH	Month: SEPT.	Day: 24,	Year: 1956
5. SEX: M	6. COLOR OR RACE: W	7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH: 6-25-1907
9. AGE (In years last birthday): 49	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): Truck Driver	10b. KIND OF BUSINESS OR INDUSTRY: unk.	11. BIRTHPLACE (City and state or country): St.Louis,Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Everett Sanders		14. MOTHER'S MAIDEN NAME: Birdie Moran	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): unk (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 387-18-8706	17. INFORMANT: Miss Rothwell 2331 Mullanphy (Address)	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Acute Myocardial Infarction

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Arteriosclerotic Heart Disease

DUE TO (c) 420.0

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 9/23/56, to 9/24/56 and last saw her/him alive on 9/24/56

Death occurred at 3:05 P.M m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Charles E. Hoganeamp, M.D.	22b. ADDRESS: 1515 LAFAYETTE AVE.	22c. DATE SIGNED: 9/25/56.

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: 9-27-1956	23c. NAME OF CEMETERY OR CREMATORY: Calvary Cemetery	23d. LOCATION (City, town, or county) (State): St.Louis, Mo.
24. FUNERAL DIRECTOR: Cullen Kelly	ADDRESS: 7267 Natural Bridge	25. DATE RECD. BY LOCAL REG.: SEP 25 1956	26. REGISTRAR'S SIGNATURE: J. Earl Smith, M.D.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed....James A. Lammer

Licensed Embalmer No....4

P. O. Address..St. Lou

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.