

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39767

STATE FILE NUMBER

FILED NOV 19 1956

318

1003

Registrar's No. 9021

Registration District No. Primary Registration District No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Illinois b. COUNTY Randolph	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis,		c. CITY OR TOWN Prairie DuRocher	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Enroute City Hospital DOA		Length of stay in lb. 120 STREET ADDRESS (If outside, give location) 120 Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Elvis Middle Edwin Last Sanderson			4. DATE OF DEATH Month Sept. Day 29 Year 1956		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Aug. 25, 1885	9. AGE (In years last birthday) 71	IF UNDER 1 YEAR Months 71 Days 71 Hours 71 Min. 71
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Timekeeper		10b. KIND OF BUSINESS OR INDUSTRY Railroad Mo. Pac.		11. BIRTHPLACE (City and state or country) Graves County, Kentucky	
13. FATHER'S NAME John B. Sanderson			14. MOTHER'S MAIDEN NAME Elizabeth Deweese		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service) Nil.		16. SOCIAL SECURITY NO. ---		17. INFORMANT Ernest Sanderson, Mayfield, Kentucky Address	

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) External hemorrhage following lacerations of the neck and left wrist suffered when deceased slashed self with		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) royal blade in garden at 3rd & DUE TO (c)		
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 <input checked="" type="checkbox"/> NO <input type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) chest cut st. on Sept. 29, 1956.	
20c. TIME OF INJURY Hour 11:07 A Month 9 Day 29 Year 1956 a. m. p. m.	E 977x Suicide	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) See above	20f. CITY, TOWN, OR LOCATION St. Louis, Mo. COUNTY STATE

21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at 11:07 A , m on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE Arthur L. Taylor, Coroner	22b. ADDRESS 1300 Clark Ave.	22c. DATE SIGNED 10/4/56

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 10-1-56	23c. NAME OF CEMETERY OR CREMATORY North Mt. Zion Cemetery	23d. LOCATION (City, town, or county) (State) Graves County, Ky
24. FUNERAL DIRECTOR Albert H. Hoppe 4700 Washington,		25. DATE RECD. BY LOCAL REG. OCT 2 1956	25. REGISTRAR'S SIGNATURE Carl Smith MS

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms written be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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APR 19 1956

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, ~~by~~....., Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *E. J. Penelux*

Licensed Embalmer No. *42*

P. O. Address *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.