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

FILED JAN 15 1957

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

43806
 STATE FILE NUMBER 11686

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

1. PLACE OF DEATH a. COUNTY <i>St. Louis</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo.</i> b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <i>St. Louis</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>St. Anthony's Hosp.</i>				Length of stay in 15 <i>5 yrs. 2/16</i>		STREET ADDRESS (If outside, give location) <i>3520 Chippewa</i>	
3. NAME OF DECEASED (Type or print) <i>Sister Blanche M. Sanders</i>				4. DATE OF DEATH <i>12-21-1956</i>		Month Day Year	
5. SEX <i>Female</i>		6. COLOR OR RACE <i>White</i>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <i>September 1872</i>	
9. AGE (In years last birthday) <i>84 yrs</i>		10. KIND OF BUSINESS OR INDUSTRY <i>Hospital</i>		11. BIRTHPLACE (City and state or country) <i>St. Louis, Mo.</i>		12. CITIZEN OF WHAT COUNTRY? <i>Citizen</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Executive</i>				13. FATHER'S NAME <i>Henry Sanders</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>				16. SOCIAL SECURITY NO. <i>None</i>		17. INFORMANT <i>Sister M. Hyacinth</i> Address <i>3520 Chippewa</i>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Arteriosclerotic Heart Disease</i>						INTERVAL BETWEEN ONSET AND DEATH <i>unk</i>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						DUE TO (b) <i>Arteriosclerosis - General</i>	
						DUE TO (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <i>Benignure Left foot & Leg</i>						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			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. Month, Day, Year p. m.			20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)				
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			20f. CITY, TOWN, OR LOCATION		COUNTY		
20g. STATE			21. I attended the deceased from <i>Jan 1954</i> to <i>Dec 21-56</i> and last saw her alive on <i>Dec 21-56</i> Death occurred at <i>5:10 a</i> m on the date stated above; and to the best of my knowledge, from the causes stated.				
22a. SIGNATURE <i>Robert E. Warner M.D.</i> (Degree or title)				22b. ADDRESS <i>1115 Paul Brown Bldg. St. Louis, Mo.</i>		22c. DATE SIGNED <i>Dec 21-56</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>		23b. DATE <i>12/24/56</i>		23c. NAME OF CEMETERY OR CREMATORY <i>S.S. PETER AND PAUL CHURCH</i>		23d. LOCATION (City, town or county) (State) <i>St. Louis, Missouri</i>	
24. FUNERAL DIRECTOR <i>GEBKEN-BONE MORTUARY</i> ADDRESS <i>2942 HERMAN ST. ST. LOUIS, MO. 8/9/56</i>			25. DATE RECD. BY LOCAL REG. <i>DEC 21 1956</i>		26. REGISTRAR'S SIGNATURE <i>Paul Smith MO</i>		

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.....

Licensed Embalmer No. 42

P. O. Address 2842 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.