

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

38090

FILED NOV 5 1957

318

STATE FILE NUMBER  
1003 Registration 10108

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 MO b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits TOWN ST LOUIS MO Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St LOUIS Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) Length of stay in lb 01 HOSPITAL OR INSTITUTION 1300 Warren Str.		d. STREET ADDRESS (If outside, give location) Reside on Farm 26 ADDRESS 1310 Warren Str. Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Frank (Sender) Sander		4. DATE OF DEATH Month Day Year 10/26/57	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH June 20/95
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Wabash R.R.		9b. KIND OF BUSINESS OR INDUSTRY Freight Handler	9c. AGE (In years last birthday) IF UNDER 1 YEAR OF UNDER 24 HRS. 62 Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Wabash R.R.		10b. KIND OF BUSINESS OR INDUSTRY Freight Handler	10c. BIRTHPLACE (City and state or country) Poland
11. BIRTHPLACE (City and state or country) Poland		12. CITIZEN OF WHAT COUNTRY? Yes	
13. FATHER'S NAME Frank Sender		14. MOTHER'S MAIDEN NAME Maryann Koper	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) ##		16. SOCIAL SECURITY NO. 702-05-9578	
17. INFORMANT Walter Sander		Address 1310 Warren Str	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of the Prostate DUE TO (b) General Body Metastasis DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 177x			INTERVAL BETWEEN ONSET AND DEATH
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 Month, Day, Year a. m. p. m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	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 May 1st to Oct 26 and last saw her alive on Oct 25/57 Death occurred at 6:45 a. m on the date stated above; and to the best of my knowledge, from the causes stated!			
22a. SIGNATURE J. J. Vignard (Degree or title)		22b. ADDRESS 3511 University St	
22c. DATE SIGNED Oct 26/57			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Oct 29/57	23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	23d. LOCATION (City, town, or county) (State) St Louis Mo
24. FUNERAL DIRECTOR Central Funeral Home 1841 Cass ave		25. DATE RECD. BY LOCAL REG. OCT 28 57	26. REGISTRAR'S SIGNATURE J. Earl Smith M.D. M. P.B.

(Licensed Embalmer's Statement on Reverse Side)

Health, & Welfare  
Public  
Service

S. 300  
7. 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will 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

MEDICAL CERTIFICATION

08050

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 .....  
Signature of Student Embalmer

Signed *J. W. Rister* .....  
Licensed Embalmer No. 398

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.