

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **46291**

FILED DEC 19 1957

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Registrar's No. **11559**

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
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>St. Louis</b>			
b. CITY (If outside corporate limits, write RURAL and give town) <b>St. Louis</b>		c. LENGTH OF STAY (in this place) <b>all</b>		c. CITY OR TOWN <b>St. Louis</b>		d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>01 HOSPITAL OR INSTITUTION 2816a North Vandeventer</b>				e. STREET ADDRESS (If rural, give location) <b>117 C 2816a North Vandeventer h</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>William</b>		b. (Middle) <b>M</b>		c. (Last) <b>Sanders</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Nov. 29th. 1957</b>	
5. SEX <b>M.</b>		6. COLOR OR RACE <b>W.</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>		8. DATE OF BIRTH <b>12-21-1877</b>	
9. AGE (In years last birthday) <b>79</b>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 11 YRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Collector</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>Byrnes Adjustment</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis Missouri</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>							
13a. FATHER'S NAME <b>Joseph Sanders</b>			13b. MOTHER'S MAIDEN NAME <b>Alice Mount</b>			14. NAME OF HUSBAND OR WIFE <b>Laura Sanders</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <b>no 497-05-1080</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Laura Sanders 2816a N. Vandeventer</b>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>cc. lobar pneumonia</b>		ANTECEDENT CAUSES <b>Carcinoma of Esophagus</b>				<b>3-4 days</b>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b>				<b>1-2 yrs?</b>	
DUE TO (c) _____		II. OTHER SIGNIFICANT CONDITIONS <b>Arteriosclerosis 150x</b>					
Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? <b>2</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <b>April 1957</b> to <b>Nov 29 1957</b> , that I last saw the deceased alive on <b>Nov 29, 1957</b> , and that death occurred at <b>11:00 a.m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Dr. H. W. ...</b>				23b. ADDRESS <b>702 The Plaza</b>		23c. DATE SIGNED <b>11/30/57</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		24b. DATE <b>12-3-1957</b>		24c. NAME OF CEMETERY OR CREMATORY <b>St. Lucas Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis Missouri</b>	
DATE REC'D BY LOCAL REG. <b>DEC 2 57</b>		REGISTRAR'S SIGNATURE <b>Carl Smith</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Walter G. Donnelly</b>		ADDRESS <b>3840 Lindell Blvd.</b>	

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

(Licensed Embalmer's Statement on Reverse Side)

*Yvonne Neopfert*

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**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 *Francis Williamson*.....

Licensed Embalmer No. *3565*

P. O. Address *3846 Lin*

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.