

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-033214

FILED VS SEP 7 1960

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 2303

ENDED

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>SMo.</u> b. COUNTY <u>St. Louis-les</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Clayton</u>		Length of stay in 1b <u>DOA</u>	c. CITY OR TOWN <u>1941/1941/9 Pagedale</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Louis Co. Hosp.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>7316 Park Dtt.</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>Victor</u> Middle <u>Roe</u> Last <u>Sanders</u>			4. DATE OF DEATH Month <u>Aug</u> Day <u>1</u> Year <u>1960</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>4/7/21</u>	9. AGE (last birthday) <u>39</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>flight machanic</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Macdonald Air.</u>	11. BIRTHPLACE (City and state or country) <u>Melbourn, Ark.</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>
13a. FATHER'S NAME <u>Alex Sanders</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Weston</u>		14. NAME OF HUSBAND OR WIFE <u>Rachael Sanders</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes Army WW 2</u>		16. SOCIAL SECURITY NO. <u>446-095-563</u>	17. INFORMANT <u>Rachael Sanders 7316 Park DE</u> Address		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <u>Severe crush injury of skull</u>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		
DUE TO (b)		
DUE TO (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>Operator lost control of car in which deceased was a passenger, which car left roadway and went into a ditch</u>
20c. TIME OF INJURY Hour <u>1:30</u> a.m. <u>PM</u> Month <u>8</u> Day <u>1</u> Year <u>1960</u>		
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.) <u>public road</u>	20f. CITY, TOWN, OR LOCATION COUNTY STATE <u>Overland St. Louis Missouri</u>

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>Raymond J. Hand</u> Coroner	22b. ADDRESS <u>Clayton, Mo.</u>	22c. DATE SIGNED <u>8/13/60</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>	23b. DATE <u>8/2/60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Okmulgee Cem.</u>
23d. LOCATION (City, town, or county) (State) <u>Okmulgee Okla</u>		

24. FUNERAL DIRECTOR <u>Ortmann F Home 9222 Lackland</u>	25. DATE RECD. BY LOCAL REG. <u>8-2-60</u>	26. REGISTRAR'S SIGNATURE <u>John C. Mumfley M.D.</u>
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DEC 12 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Al C. Ostmann

Licensed Embalmer No. 3478

P. O. Address _____

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