

SEP 25 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 27044

Registrar's No. 6940

Registration District No. 791

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County: St. Louis
(b) City or town: St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Central Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: _____
(Specify whether _____)
In this community: _____
years, months or days: 7 1/2

8. (a) PRINT FULL NAME: CHARLES C SANFORD

8. (b) If veteran, name war: nil
8. (c) Social Security No.: 488-09-8329

4. Sex: Male
5. Color of race: White
6. (a) Single, widowed, married, divorced: divorced

6. (b) Name of husband or wife: Unknown
6. (c) Age of husband or wife if alive: _____ years

7. Birth date of deceased: Dec 3 1875
(Month) (Day) (Year)

8. AGE: Years: 65 Months: 8 Days: 11
If less than one day: _____ hr. _____ min.

9. Birthplace: Bellville, Ontario, Canada
(City, town, or county) (State or foreign country)

10. Usual occupation: Teacher

11. Industry or business: Restaurant (Private)

12. Name: William

18. Birthplace: Canada
(City, town, or county) (State or foreign country)

14. Maiden name: Anderson

15. Birthplace: Anderson
(City, town, or county) (State or foreign country)

16. (a) Informant: Chas Sanford

(b) Address: 1388 Belth

17. (a) _____ (b) Date thereof: 8/16/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Fort Lawn Cem

18. (a) Signature of funeral director: William

(b) Address: 4259 Lundell Blvd

19. (a) AUG 16 1940 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: _____
(c) City or town: St. Louis 6
(If outside city or town limits, write "RURAL")
(d) Street No.: 1388 Temple Pl
(If rural, give location)
(e) If foreign born, how long in U. S. A.: _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Aug day: 13
year: 1940 hour: 9 AM minute: _____

21. I hereby certify that I attended the deceased from Aug 2 1939 to Aug 12 1940
that I last saw him alive on Aug 14 1940
and that death occurred on the date and hour stated above.

Immediate cause of death: Ch. Myocarditis, 2 years

Due to: _____

Due to: _____

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: none
Of operations: _____

Of autopsy: none

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify): none

(b) Date of occurrence: none

(c) Where did injury occur?: none
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
No injury

While at work?: _____
(Specify type of place) (e) Means of injury: _____

23. Signature: John C Brann (M. D. or other)

Address: 4511 8 Washington Ave Date signed: Aug 14 1940

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....

....., Registered Apprentice No.
working under my personal supervision.

Signed Howard P. Rowland

Licensed Embalmer No. 8114

P. O. Address St Louis Mo

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 this body is not embalmed, above space should be left blank.