

FILED APR 13 1942

101 100

Registration District No.

Primary Registration District No.

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

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1. PLACE OF DEATH:

(a) County St. Louis, Missouri

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Missouri Baptist Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 0
(Specify whether years, months or days)

In this community 0
years, months or days

3. (a) PRINT FULL NAME Amelia Sanford

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Vernon Sanford

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased January 6, 1898
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
44	2	10	hr. min.

9. Birthplace Sullivan Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name William A. Schatz

13. Birthplace Unknown Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Flemme Simmons

15. Birthplace Unknown Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Vernon Sanford

(b) Address Sullivan Missouri

17. (a) Burial (b) Date thereof 3/17/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sullivan, Missouri

18. (a) Signature of funeral director Albert H. Hoppe Inc

(b) Address 4700 Washington Blvd.

19. (a) MAR 17 1942 (b) J. J. Brewer
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin

(c) City or town Sullivan
(If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

(e) Citizen of foreign country? (Yes or No) 1
If yes, name country

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NIP

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 16
year 1942 hour 2 minute 50 P. M.

21. I hereby certify that I attended the deceased from Mar 17
19 9 to Mar 16, 19 42
that I last saw h. alive on Mar 16, 19 42
and that death occurred on the date and hour stated above.

Immediate cause of death

Mitral Stenosis - Chronic Myocarditis

Due to Cholecystectomy

Due to Non-calculeous

Other conditions (include pregnancy within 3 months of death)

Duration

Major findings: Chronic Cholecystitis

Of operation

Of autopsy Mitral Stenosis Chronic Myocarditis

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

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

23. Signature E. J. Taylor (M. D. or other)

Address 462 N. Taylor Date signed 3/17/42

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

J. G. Sullivan

Licensed Embalmer No. 1122

P. O. Address.....

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, fact should be so stated above.