

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

9170
State File No. 2489

FILED APR 8 1942
Registration District No. 91

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Homer Phillips Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days
(Specify whether
In this community Unknown
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
Missouri
(a) State _____ (b) County 91
(c) City or town St. Louis, 17
(If outside city or town limits, write "RURAL")
(d) Street No. 2810 Gamble
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME George Sanford
(b) If veteran, name war No
(c) Social Security No. No

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 19
year 1942 hour _____ minute 20 A. M.
21. I hereby certify that I attended the deceased from March
15, 19 42 to March 19, 19 42

4. Sex MALE 5. Color or race C
6. (a) Single, widowed, married, divorced WIDOWED
(b) Name of husband or wife UNKNOWN
(c) Age of husband or wife if alive _____ years
7. Birth date of deceased 12 17 _____
(Month) (Day) (Year)

that I last saw him alive on March 19, 19 42
and that death occurred on the date and hour stated above.
Immediate cause of death Hypertensive Heart Disease
Duration Unknown

8. AGE: Years ABT 72 Months _____ Days _____ If less than one day
hr. _____ min. _____

Due to _____
Due to _____

9. Birthplace HUMBOIT Tenn
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations _____
Of autopsy _____

10. Usual occupation LABORER
11. Industry or business UNKNOWN

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER
12. Name " "
13. Birthplace " " _____
(City, town, or county) (State or foreign country)
14. Maiden name " "
15. Birthplace " " _____
(City, town, or county) (State or foreign country)

16. (a) Informant Emery Sandusford
(b) Address 2810 Gamble
17. (a) BURIAL (b) Date thereof 3-19-42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood

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

18. (a) Signature of funeral director Emery Sandusford
(b) Address 3103 Washington
St. Louis 15 1942
19. (a) APR 15 1942 (b) J. F. Beck
(Date received local registrar) (Registrar's signature)

23. Signature J. W. Johnson (M. D. or other)
Address 2601 N. Whittier Date signed 3/19/42

(Licensed Embalmer's Statement on Reverse Side)

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

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 *M. Louis Blackman*

Licensed Embalmer No. *3962*

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.