

JUL 20 1942 791
Registration District No.

Primary Registration District No. 1003

State File No. _____
Registrar's No. 5846

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4388 St. Louis Ave. -----
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community All His Life. years, months or days

3. (a) PRINT FULL NAME Joseph Lloyd Stanford

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex Male 5. Color or race Col. 6. (a) Single, widowed, married, divorced Widowed

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

7. Birth date of deceased August 20, 1871
(Month) (Day) (Year)

8. AGE: Years 70 Months 10 Days 17 If less than one day hr. _____ min. _____

9. Birthplace Baldwin Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Nil.

11. Industry or business _____

12. Name ? Stanford

13. Birthplace Baldwin Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Baldwin Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Cleo Flynn.
(b) Address 4558 Aldine Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 11, 1942
(Month) (Day) (Year)

(c) Place: burial or cremation Washington Park Cemetery.
Wright's Funeral Home.

18. (a) Signature of funeral director Wright's Funeral Home.
(b) Address 3100 Easton Ave.

19. (a) JUL 10 1942 (Date received local registrar) (b) J. F. Medeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4388 St. Louis Ave Apt. II
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 7 th. year 1942 hour 7:00 minute A. M.

21. I hereby certify that I attended the deceased from June 29 1942 to July 4 1942
that I last saw him alive on July 4 1942
and that death occurred on the date and hour stated above.

Immediate cause of death arteriosclerosis
chronic myocarditis
hypertension
Due to _____
Due to _____

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

Major findings: Of operations _____
Of autopsy none

Duration

10 hrs
2 1/2 days

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) (b) Means of injury D

23. Signature M. M. Karl (M. D. or other) _____
Address 3720 Washington Blvd. Date signed _____

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

MOTHER FATHER

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.....

William C. McDowell

Registered Apprentice No.....

working under my personal supervision.

Signed.....

William C. McDowell

Licensed Embalmer No.....

2114

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.