S. No. 2
—9-4-41
. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 23145

REC'D AUG 6 1942

Registration District No. 701 | Primary Registration District No. 1002 | Registrar's No. 6351

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: City Sanitarium 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 32y-8m-11.ds. (Specify whether years, months or days)
In this community About 47 years

2. USUAL RESIDENCE OF DECEASED: 000 12 13

(a) State Mo. (b) County
(c) City or town St. Louis 9-23
(If outside city or town limits, write "RURAL")
(d) Street No. 1720 Mississippi Ave.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME LIZZIE STAFFORD

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

4. Sex Female | 5. Color or race white | 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife

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

7. Birth date of deceased March (Month) 1 (Day) 1879 (Year)

8. AGE: Years 63 | Months 4 | Days 15 | If less than one day hr. min.

9. Birthplace Nauvoo, Ills. (City, town, or county) 1 (State or foreign country)

10. Usual occupation Dressmaker

11. Industry or business

MOTHER FATHER
12. Name Thomas Stafford
13. Birthplace Ireland (City, town, or county) 4 (State or foreign country)

MOTHER
14. Maiden name Katherine Brady
15. Birthplace Philadelphia, Pa. (City, town or county) 1 (State or foreign country)

16. (a) Informant A. C. Yost
(b) Address City Sanitarium

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 7-28-42 (Month) (Day) (Year)
(c) Place: burial or cremation SS. PETER & PAUL

18. (a) Signature of funeral director Bullen & Kelly
(b) Address 4616 N. Taylor Ave.

19. (a) JUL 28 1942 (Date received local registrar) (b) J. F. Bulech (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 16 year 1942 hour 6 minute 40 P.M.

21. I hereby certify that I attended the deceased from 7-1-41, 19..., to 7-16-42, 19...; that I last saw her alive on 7-16-42, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Diabetic Coma 7-16-42 — Duration

Due to Diabetes Mellitus 11-1-39

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Yes.

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

23. Signature N. J. Bublis (M. D.)
Address 5408 Arsenal Date signed 7-27-42

(Licensed Embalmer's Statement on Reverse Side)

276-1176

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

Signed Glenn E. Anderson

Licensed Embalmer No. 4141

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, fact should be so stated above.