

Registration District No. **318** Primary Registration District No. _____ Registrar's No. **10646**

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:
1908a Angelica St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community **37 Years**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Mo** (b) County _____
(c) City or town **St. Louis Mo**
(If outside city or town limits, write "RURAL")
(d) Street No. **1908a Angelica St**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

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

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **12** day **20**
year **42** hour **11** minute **30** A. M.

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife **Dallas Sanford** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **1 12 1870**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **12-19** 19**42** to **12-20** 19**42**
that I last saw her alive on **Dec-19-** 19**42**
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
72 11 8 hr. min.

Immediate cause of death:
Chronic Myocarditis
Duration **1 year or longer**

9. Birthplace **Cairo** **ILL**
(City, town, or county) (State or foreign country)

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death)
93
93

10. Usual occupation **Housewife**

11. Industry or business _____

12. Name **Bernard Mc Niff**
13. Birthplace **Ireland**
(City, town, or county) (State or foreign country)

14. Maiden name **Mary Ann Linzey**
15. Birthplace **Pulsacki Co Mo**
(City, town, or county) (State or foreign country)

16. (a) Informant **Wm Sanford**
(b) Address **1908a Angelica St**

17. (a) **Burial** (b) Date thereof **12-23-42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Chilvery Cemetery**
18. (a) Signature of funeral director **Goodhart & Goodhart**

(b) Address **2228 St. Louis Ave**
DEC 21 1942

19. (a) **DEC 21 1942** (b) **J. F. Brudek**
(Date received local registrar) (Registrar's signature)

Major findings:
Of operations _____
Of autopsy _____
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 **J. C. Crease** (M. D. or other) _____
Address **2604 N. 14th St** Date signed **12-21-42**

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.....

Marie A. Cashion

Licensed Embalmer No. *3949*

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.