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FORM-2-43
Rev. 5-17-39
X35897

29853
State File No.
Registrar's No. 8318

DEPARTMENT OF COMMERCE
STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

Registration District No. 318 Primary Registration District No. 1003

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

1. PLACE OF DEATH:
(a) County St. Louis, Missouri.
(b) City or town _____
(c) Name of hospital or institution: St. Louis City Hospital.
(d) Length of stay: In hospital or institution 2 months 12 days
In this community _____
years, months or days

3. (a) PRINT FULL NAME Edward Defford
3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Sarah Defford nee Tinsley 6. (c) Age of husband or wife if alive 59 years
7. Birth date of deceased July 15, 1880
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
63 2 2 hr. min.

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

10. Usual occupation Unemployed

11. Industry or business _____
MOTHER FATHER { 12. Name Gottfried Defford
13. Birthplace Unknown Germany
14. Maiden name Julia Graeber
15. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Edward J. Defford
(b) Address 3870 Juniata Ave

17. (a) Burial (b) Date thereof 9/20/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Friedens Cemetery

18. (a) Signature of funeral director Math Hermann & Son
(b) Address 2161 East Fair Ave

19. (a) SEP 20 1943 (b) J. Deedrich
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis 17
(d) Street No. 117 Ferry St. 99
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 17th
year 1943 hour 4:00 minute A. M.
21. I hereby certify that I attended the deceased from July 5th
1943 to Sept. 17th 1943

that I last saw her alive on Sept. 17th 1943
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Metastatic Carcinoma

Due to of Lungs

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

Major findings: Of operations _____
Of autopsy Above

Duration _____
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) (Means of injury)

23. Signature Deedrich (M. D. or other) _____
Address 1515 Lafayette Date signed 9/17/43

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..... *Francis A Williamson*
Licensed Embalmer No..... *3565*
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.