

S. No. 2
M-5-43
5-17-39
X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 20 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12178

State File No. _____
Registrar's No. 631

Registration District No. 317
Primary Registration District No. 3068

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Maplewood
(c) Name of hospital or institution:
3420 Commonwealth Ave.
(d) Length of stay: In hospital or institution _____
In this community _____

2. USUAL RESIDENCE OF DECEASED:
(a) State MO. (b) County St. Louis
(c) City or town Maplewood
(d) Street No. 3420 Commonwealth
(e) Citizen of foreign country? NO.

3. (a) PRINT FULL NAME John C. Sandefur
3. (b) If veteran, name war None
3. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 3 day 12
year 1944 hour 9 minute A.M.
21. I hereby certify that I attended the deceased from 12-15-44 to 3-12-44
that I last saw him alive on 1-15-44 and that death occurred on the date and hour stated above.

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced, Widowed
6. (b) Name of husband or wife Laura
6. (c) Age of husband or wife if alive _____ years

Immediate cause of death:
Chronic Myocarditis
Chronic Hypertension
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

7. Birth date of deceased May 1, 1859
8. AGE: Years 84 Months 10 Days 11

Major findings:
Of operations _____
Of autopsy _____
Underline the cause to which death should be charged statistically.

9. Birthplace unknown Ky.
10. Usual occupation Farmer

MOTHER FATHER {
11. Industry or business _____
12. Name Hamlet Sandefur
13. Birthplace unknown Ky.
14. Maiden name Sarah Davis
15. Birthplace unknown Ky.

16. (a) Informant Lawrence Sandefur
(b) Address 3420 Commonwealth

17. (c) Removal (b) Date thereof Mar. 13, 1944
(c) Place: burial or cremation Owensboro Ky.

18. (a) Signature of funeral director Jay B. Smith
(b) Address 7456 Manchester, Maplewood, Mo.

19. (a) MAR 14 1944 (b) E. J. Mc Gavran, M.D.
(Date received local registrar) (Registrar's signature)

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? _____
(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 _____
Signature T. P. Hobbes (M. D. or other)
Address 2816 Sutter Ave Date signed 3-18-44

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

Dr Ray Heber

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 *B. J. L.*

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

Signed *David C. Gibson*

Licensed Embalmer No. *3424*

P. O. Address *7426 Manchester*

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.