

FILED JAN 25 1945

318

1003

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Missouri Baptist Hosp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Day
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis
(c) City or town Maplewood
(If outside city or town limits, write "RURAL")
(d) Street No. 3414 Commonwealth Ave
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

James Houston Radford

3. (b) If veteran, name war None 3. (c) Social Security No. 489-0767270

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Alice 6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased June 28, 1877
(Month) (Day) (Year)

8. AGE: Years 67 Months 6 Days 16 If less than one day
hr. min.

9. Birthplace Hartzell Ala Ala.
(City, town, or county) (State or foreign country)

10. Usual occupation Printer

11. Industry or business _____

MOTHER FATHER { 12. Name Samuel Radford
13. Birthplace Unknown (City, town, or county) (State or foreign country)
14. Maiden name Lucella L. Zingsheim (City, town, or county) (State or foreign country)
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Frances L. Zingsheim
(b) Address 5050 Miami Ave St. Louis, Mo.

17. (a) Burial (b) Date thereof Jan. 17, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cem.

18. (a) Signature of funeral director Jay B. Smith

(b) Address 7456 Manchester Ave, Maplewood

19. (a) Jan 18 1945 (Date received by local registrar) J. F. Brueck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 14
year 1945 hour 4:45 P.M. minute _____ M.

21. I hereby certify that I attended the deceased from Dec 10 to Jan 14, 1945
that I last saw him alive on Jan 13, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion
Duration _____

Due to _____

Due to _____

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

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) NO
(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 H. S. Shaver (M. D.)
Address 207 Mass Bldg Date signed 1-14-45

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

179

96
5
NR3

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 3454
....., Registered Apprentice No.
working under my personal supervision.

Signed David C. Hebron
Licensed Embalmer No. 3454
P. O. Address 7456 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.