

FILED APR 23 1945

Registration District No. 818 Primary Registration District No. 1003 Registrar's No. 3474

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: St. Mary's Infirmary  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community Since 1916  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")

(d) Street No. 4561 Evans Avenue  
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Joseph Sanford

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. 498-05-9502

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 8 year 1945 hour 6 minute 50 A.M.

4. Sex Male 5. Color or race Negro

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Henrietta

6. (c) Age of husband or wife if alive 42 years

7. Birth date of deceased: July (Month) 25 (Day) 1892 (Year)

21. I hereby certify that I attended the deceased from January 1st 1945 to April 8 1945  
that I last saw him alive on April 7 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Valvular heart disease with Decomposition

Duration yr.

8. AGE: Years Months Days If less than one day

52 8 14 hr. \_\_\_\_\_ min.

Due to 92

Due to \_\_\_\_\_

9. Birthplace Murfresburo Tenn.  
(City, town, or county) (State or foreign country)

Other conditions Nephritis - acute days  
(Include pregnancy within months of death)

10. Usual occupation porter

Major findings of operations Epilepsy - Disposed from History (Benedict Mal)

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name Payton Sanford

13. Birthplace Unknown (City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown (City, town, or county) (State or foreign country)

Of autopsy \_\_\_\_\_

Underline the cause to which death should be charged statistically.

16. (a) Informant Henrietta Sanford

(b) Address 4561 Evans Avenue

22. If death was due to external causes, fill in the following:

(c) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 23, 45  
(Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

(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? \_\_\_\_\_

18. (a) Signature of funeral director Dement & Son

(b) Address 2620331 Cole Street

(Specify type of place) \_\_\_\_\_

While at work? \_\_\_\_\_ (c) Means of injury \_\_\_\_\_

19. (a) APR 10 1945 (Date received local registrar) J. F. Budeck (Registrar's signature)

23. Signature J. A. Wink (M. D. or other) \_\_\_\_\_  
Address 5397 Grand Date signed 7/8/45

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

00  
17  
9

**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..... *W. Claude Gordon* .....

Licensed Embalmer No..... *3489* .....

P. O. Address..... *4575 Aldene* .....

**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.**