

S. No. 2
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5-17-39
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51922
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **25751**
6264
Registrar's No.

FILED JUL 26 1948
318

Registration District No. _____ Primary Registration District No. **1003**

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: **St. Louis City Hospital**
Max C. Starkloff Memorial
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution..... **2 weeks** (Specify whether
~~years, months or days~~ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Missouri** (b) County.....
 (c) City or town..... **St. Louis**
(If outside city or town limits, write "RURAL")
 (d) Street No. **8024 Polk St.**
(If rural, give location)
 (e) Citizen of foreign country?..... **No** (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME **D. WILLIAM STANFORD**

3. (b) If veteran, name war..... **--** 3. (c) Social Security No.....

4. Sex **Male** 5. Color or race **White**

6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **Lillie Stanford** 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased **August 31 1883**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	62	10	15	hr. min.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **14**
 year **1946** hour **6:55** minute **P** M.

21. I hereby certify that I attended the deceased from **July 1**
 19 **46** to **July 14**, 19 **46**
 that I last saw h. **in** alive on **July 14**, 19 **46**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Cardiac Insufficiency + Renal Failure** Duration

Due to **Hypertension, malignant type of Arteriosclerosis, generalizes**

Due to

Other conditions (include pregnancy within 3 months of death) **125**

Major findings: **Hypertrophied Liver of nutmeg appearance** PHYSICIAN

Of operations..... Underline the cause to which death should be charged statistically.

Of autopsy.....

9. Birthplace **De Kalb County, Tennessee**
(City, town, or county) (State or foreign country)

10. Usual occupation **Laborer**

11. Industry or business **Grain Elevator**

12. Name **A. E. Stanford**

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

14. Maiden name **Martha Grandstall**

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

16. (a) Informant **J. E. Stanford**
 (b) Address **8024 Polk St., St. Louis, Mo.**

17. (a) **Burial** (b) Date thereof **July 17, 1946**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **New St. Marcus Cemetery**

18. (a) Signature of funeral director **C. Hoffmeister U. & L. Co.**
 (b) Address **7814 South Broadway, St. Louis, Mo.**

19. (a) **JUL 16 1946** (b) *J. H. [Signature]*
(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?.....
(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) (2) Means of injury.....

23. Signature **M. Dalton** (M. D. or other)
 Address **1515 Lafayette Avenue** Date signed **7/15/46**

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 *Lucretia C. Hoffmann*

Licensed Embalmer No. *3871*

P. O. Address. *7814 S. Broad*

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.