

FILED MAY 9 1947

318

Registration District No.

1003

Registrar's No.

1. PLACE OF DEATH:

(a) County.....  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Jewish Hospital 0  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
(Specify whether  
In this community.....  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96  
(c) City or town St. Louis - Ferguson 6  
(If outside city or town limits, write "RURAL") NR2  
(d) Street No. 434 Thomas Ave.  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME Martin James Danford

3. (b) If veteran, name war World War #2 3. (c) Social Security No. 497-09-7122

4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Alvera 6. (c) Age of husband or wife if alive 38 years  
7. Birth date of deceased January 9 1908  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
39 3 20 hr. min.

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

10. Usual occupation Cattle Butcher  
11. Industry or business Rhinehardt Packing Co.

MOTHER FATHER  
12. Name Martin Danford 9  
13. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)  
14. Maiden name Mabel Hurst  
15. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Alvera Danford  
(b) Address 434 Thomas Ave.

17. (a) Burial (b) Date thereof 5/2/47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Prussel Ltd. Co.  
(b) Address 7840 Natural Bridge

19. (a) APR 29 1947 (b) J. F. Bredbeck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 29  
year 1947 hour 9 minute 45 A. M.

21. I hereby certify that I attended the deceased from April 20  
1947 to April 29 1947  
that I last saw him alive on April 29 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death et. infection Hepatitis  
W. E. H. Disease  
Due to 37a  
Due to 37a  
Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations.....  
Of autopsy autopsy still in progress  
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) (e) Means of injury 0  
23. Signature W. E. H. Disease (M. D. or other) 0  
Address W. E. H. Disease Date signed 5/2/47

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

20  
17  
9

96  
6  
NR2

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

147

JUN 19 1961

*[Handwritten signature]*

**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 *V. E. Morris*.....

Licensed Embalmer No. *3360*.....

P. O. Address.....

**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.**