. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 36214

FILED NOV 3 1947 318

Registration District No.

Primary Registration District No. 1003

Registrar's No. 9635

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: Mo. Baptist 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 Audrain 4

(c) City or town Mexico 1
(If outside city or town limits, write "RURAL")

(d) Street No. 420 E. Monroe St. 2
N.R. (If rural, give location)

(e) Citizen of foreign country? (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME Frank R. Sanford

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex male 0

5. Color or race white

6. (a) Single, widowed, married, divorced widowed 0

6. (b) Name of husband or wife Adele Sanford

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

7. Birth date of deceased March (Month) 17 (Day) 1863 (Year)

8. AGE:

Years	Months	Days	If less than one day
84	6	29	hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Salesman

11. Industry or business Heywood Shoe Co.-retired

FATHER
12. Name William R. Sanford
13. Birthplace (City, town, or county) New York 1 (State or foreign country)

MOTHER
14. Maiden name Martha Weagley
15. Birthplace (City, town, or county) Illinois 1 (State or foreign country)

16. (a) Informant Robert M. Sanford
(b) Address 1905 Union Blvd.

17. (a) removal (Burial, cremation, or removal) (b) Date thereof 10/17/47 (Month) (Day) (Year)
(c) Place: burial or cremation Mexico, Missouri

18. (a) Signature of funeral director Drehmann-Harral
(b) Address 1905 Union Blvd.

19. (a) OCT 17 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 16th
year 1947 hour 4 minute — P.M.

21. I hereby certify that I attended the deceased from Oct 9, 1947, to Oct 16, 1947, that I last saw him alive on Oct 16, 1947, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Hypostatic pneumonia	48 hrs
Due to Chronic bronchitis	Life long
Due to Prostatectomy	Oct 13th
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations Hypertrophic Prostate	
Of autopsy —	

PHYSICIAN

Underline the cause of 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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature C. E. Bradford (M. D. or other)

Address 958 Arcade Bldg Date signed 10/17/47

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

via motor

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Dr. C. E. Burford (11-1)
Arcade Bldg.

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.....Albert R. Thompson Jr

Licensed Embalmer No.....4237

P. O. Address.....St. Louis

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.