

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **21189**  
Registrar's No. **5178**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		c. LENGTH OF STAY (in this place) <b>6 hrs</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Park Lane Hospital</b>		c. CITY OR TOWN <b>Webster Groves</b>	
		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) <b>72 Marshall Place</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>JEFFREY</b>	b. (Middle) <b>KIST</b>	c. (Last) <b>SANDFORT</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>6-9-1954</b>
-------------------------------------	------------------------------	----------------------------	------------------------------	--

5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b>	8. DATE OF BIRTH <b>8-25-1945</b>	9. AGE (In years last birthday) <b>8</b>	10. UNDER 1 YEAR Months _____ Days _____	11. UNDER 15 MIN. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Student</b>		10b. KIND OF BUSINESS OR INDUSTRY -----		11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>

13a. FATHER'S NAME <b>Ralph E Sandfort</b>	13b. MOTHER'S MAIDEN NAME <b>Marion Graul</b>	14. NAME OF HUSBAND OR WIFE <b>None</b>
---	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) -----	16. SOCIAL SECURITY NO. -----	17. INFORMANT'S SIGNATURE OR NAME <b>RE Sandfort</b>	ADDRESS <b>72 Marshall Pl.</b>
---	----------------------------------	---	-----------------------------------

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <b>(a) Gunshot wound of head</b>	II. OTHER SIGNIFICANT CONDITIONS <b>Antecedent causes: Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Due to (c) me taking at 68 Marshall Place Webster Groves, Mo., about 805 pm June 8 1954 Accident</b>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>805 pm June 8 1954 Accident</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	--	---

21a. ACCIDENT (Specify) <b>Accident</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Home</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Webster Groves Mo.</b>
--	---	--

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>June 8 54 8:00 pm</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>no</b>
---	--	---

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at **2:00** m., from the causes and on the date stated above. **19**

23a. SIGNATURE <b>Patrick J. Taylor Coroner</b>	(Degree or title)	23b. ADDRESS <b>1300 Clark</b>	23c. DATE SIGNED <b>6.10.54.</b>
--	-------------------	-----------------------------------	-------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>6-11-1954</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Oak Hill Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Kirkwood Mo.</b>
---	-------------------------------	--	--

DATE REC'D BY LOCAL REG. <b>JUN 10 1954</b>	REGISTRAR'S SIGNATURE <b>J. Earl Smith</b>	FUNERAL DIRECTOR'S SIGNATURE <b>M. D. Parker</b>	ADDRESS <b>Webster Groves Mo.</b>
--	---	---	--------------------------------------

WRITE PLAINLY—USING 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 ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....  
*Leslie Welch*

Licensed Embalmer No...439

P. O. Address...*Wester...*

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 embalmed by a **STUDENT**, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.