

FILED MAY 25 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **18581**  
Registrar's No. **3861**

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>3861</b>			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b>				b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (in this place) <b>44 yrs.</b>		c. CITY OR TOWN <b>St. Louis</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Homer G. Phillips Hospital</b>				e. STREET ADDRESS (If rural, give location) <b>21 1227 N. Channing</b>				<b>22190</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Emma</b>			b. (Middle) _____			c. (Last) <b>Sanford</b>			
4. DATE OF DEATH (Month) (Day) (Year) <b>4 13 56</b>			5. SEX <b>Female</b>			6. COLOR OR RACE <b>Negro</b>			
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>			8. DATE OF BIRTH <b>12-19-1867</b>			9. AGE (In years last birthday) <b>88</b>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>None</b>			10b. KIND OF BUSINESS OR INDUSTRY _____			11. BIRTHPLACE (City and State or Foreign Country) <b>Newlean, La.</b>			
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			13a. FATHER'S NAME <b>Unknown</b>			13b. MOTHER'S MAIDEN NAME <b>Unknown</b>			
14. NAME OF HUSBAND OR WIFE _____			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>			16. SOCIAL SECURITY NO. <b>None</b>			
17. INFORMANT'S SIGNATURE OR NAME <b>Searcy Holmes</b>			17. ADDRESS <b>1127N. Channing</b>			18. CAUSE OF DEATH			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Generalized arteriosclerosis.</b>			INTERVAL BETWEEN ONSET AND DEATH <b>Undt.</b>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause first. DUE TO (b) _____ DUE TO (c) _____						
19a. DATE OF OPERATION _____			19b. MAJOR FINDINGS OF OPERATION _____			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____			21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____			21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <b>4-13</b> , 19 <b>56</b> , to <b>4-13</b> , 19 <b>56</b> , that I last saw the deceased alive on <b>4-13</b> , 19 <b>56</b> , and that death occurred at <b>10:40a</b> m., from the causes and on the date stated above.									
23a. SIGNATURE <b>E.B. Williams</b>			(Degree or title) <b>M.D.</b>			23b. ADDRESS <b>2601 N. Whittier St.</b>			
23c. DATE SIGNED <b>4-11-56</b>			24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>			24b. DATE <b>4-19-56</b>			
24c. NAME OF CEMETERY OR CREMATORY <b>Washington Park Cem.</b>			24d. LOCATION (City, town, or county) (State) <b>St. Louis County Mo.</b>			DATE REC'D BY LOCAL REG. <b>APR 18 1956</b>			
REGISTRAR'S SIGNATURE <b>J. Paul Smith M.D.</b>			25. FUNERAL DIRECTOR'S SIGNATURE <b>English Undtk. Co.</b>			ADDRESS <b>1123N. Taylor</b>			

S.P. (Licensed Embalmer's Statement on Reverse Side)

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 *Malcolm R. Williams*

Licensed Embalmer No. *49*  
*4554 Lexington*  
P. O. Address.....

*St. Louis 15* (Fa

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.