

S. No. 300
V. 10.48

FILED JUL 20 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **25265**
Registrar's No. **6268**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). | |
| b. CITY OR TOWN St. Louis | | a. STATE Missouri | |
| c. LENGTH OF STAY (in this place) 58 yrs. | | b. COUNTY | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Honor G. Phillips Hospital | | c. CITY OR TOWN St. Louis | |
| | | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| | | STREET ADDRESS 4754 Labadie Ave. | |

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|---|----------------------------------|--|--|---|--|
| 3. NAME OF DECEASED (Type or Print) | | | 4. DATE OF DEATH | | |
| a. (First) DR. Samuel | b. (Middle) P. | c. (Last) Stafford | (Month) 7 | (Day) 1 | (Year) 56 |
| 5. SEX Male | 6. COLOR OR RACE Negro | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH June 26, 1872 | 9. AGE (In years last birthday) 84 | IF UNDER 1 YEAR Months 0 Days 5 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Physician & Surgeon | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and State or Foreign Country) Bethlehem, Pa. | |
| | | | | 12. CITIZEN OF WHAT COUNTRY? U. S. A. | |

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| 13a. FATHER'S NAME Aaron Kimball | 13b. MOTHER'S MAIDEN NAME Elsie Gearin | 14. NAME OF HUSBAND OR WIFE Bertha Stafford |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | 16. SOCIAL SECURITY NO. None | 17. INFORMANT'S SIGNATURE OR NAME Fanner Stafford | ADDRESS 4754 Labadie Ave. |
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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH Undet. |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerosis Generalized | | | |
| *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | ANTECEDENT CAUSES | | |
| | Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | |
| | DUE TO (b) | | |
| | DUE TO (c) | | |
| II. OTHER SIGNIFICANT CONDITIONS | Arteriosclerotic Heart Disease | | |
| Conditions contributing to the death but not related to the disease or condition causing death. | Arteriolar Nephrosclerosis | | 4200 |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION Uremia - Cardiac Insufficiency | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 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) |
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| 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? |
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22. I hereby certify that I attended the deceased from **6-23-**, 19 **56** to **7-1-**, 19 **56** that I last saw the deceased alive on **7-1-**, 1956, and that death occurred at **11:05p** m., from the causes and on the date stated above.

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| 23a. SIGNATURE Hugh Waters | (Degree or title) M. D. | 23b. ADDRESS 2601N Whittier | 23c. DATE SIGNED 7-2-56 |
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|---|----------------------------------|---|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 24b. DATE July 5, 1956 | 24c. NAME OF CEMETERY OR CREMATORY Greenwood Cemetery | 24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo. |
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| DATE REC'D BY LOCAL REG. JUL 3 1956 | REGISTRAR'S SIGNATURE Paul Smith MD | 25. FUNERAL DIRECTOR'S SIGNATURE J. H. RANDLE & SON | ADDRESS 3133 Bell Ave. |
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(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 *Esther K. Harris*

Licensed Embalmer No. *4458*

P. O. Address *4181 Wash*

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.