ORI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS MAR 7 1960

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 1923

STATE FILE NUMBER 60-008912

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis, Mo.
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 2613 S. 18th
Inside Limits: Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY
c. CITY OR TOWN: St. Louis
Inside Limits: Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): 2613 S. 18th
Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: GRACE Middle: A. Last: STANFORD

4. DATE OF DEATH Month Day Year: Feb.16,1960

5. SEX: female

6. COLOR OR RACE: white

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH: 5-11-1899

9. AGE (last birthday): 60

IF UNDER 1 YEAR: Months Days — IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Thread ~~Cutter~~ Clipper

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country): Tennessee

12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Joseph Hulsey

13b. MOTHER'S MAIDEN NAME: Delia

14. NAME OF HUSBAND OR WIFE: James E. Stanford

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): none
(If yes, give war or dates of service): none

16. SOCIAL SECURITY NO.: UNK

17. INFORMANT: Florissant, Mo. Address: Margaret Vollman 785 Gonzaga,

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) METASTATIC CARCINOMA — INTERVAL BETWEEN ONSET AND DEATH: 6 MO

DUE TO (b) SQUAMOUS CELL CARCINOMA OF FLOOR OF MOUTH — 1 YEAR

DUE TO (c) 143 X

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

OK Paul Smith Deputy Coroner 3/7/60

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 3/31/59, to 2/16/60 and last saw her alive on 5/8/59

Death occurred at 845 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE George A. Dawson MD (Degree or title)

22b. ADDRESS 5203 Chippewa

22c. DATE SIGNED 2/16/60

23a. BURIAL, CREMATION, REMOVAL (Specify): removal

23b. DATE: 2-19-60

23c. NAME OF CEMETERY OR CREMATORY: Lakewood Park

23d. LOCATION (City, town, or county) (State): St. Louis County, Mo.

24. FUNERAL DIRECTOR ADDRESS: Southern Funeral Home 6322 S. Grand, St. Louis, Mo.

25. DATE RECD. BY LOCAL REG.: FEB 18 1960

26. REGISTRAR'S SIGNATURE: Paul Smith, M.D. MC

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DOCUMENT

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed David Van Fasson

Signature of Student Embalmer

Licensed Embalmer No. 42 4

P. O. Address St Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co
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.