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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30249

Registration District No. 7911 FILED OCT 25 1940 Primary Registration District No. 1003 Registrar's No. 7526

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: Phillips Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 days (Specify whether

In this community 12 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St Louis 18 (If outside city or town limits, write "RURAL")

O (d) Street No. 2901 Garrison Court (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME John Saffold

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex M

5. Color or race Col

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

6. (b) Name of husband or wife None

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

7. Birth date of deceased July (Month) 4 (Day) 1898 (Year)

8. AGE: Years 42 Months 2 Days If less than one day hr. min.

9. Birthplace Lexington (City, town, or county) Miss (State or foreign country)

10. Usual occupation Laborer

11. Industry or business

FATHER
12. Name Ed Saffold
13. Birthplace Lexington (City, town, or county) Miss (State or foreign country)

MOTHER
14. Maiden name Mary Whimes
15. Birthplace Lexington (City, town, or county) Miss (State or foreign country)

16. (a) Informant Lulu Smith

(b) Address 2998 Garrison Ct

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 7-40 (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director J. W. Hughes

(b) Address 2620 Lawton

19. (a) SEP 7 1940 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 4 year 1940 hour 12:40 minute P M.

21. I hereby certify that I attended the deceased from August 30, 1940, to Sept 4, 1940, that I last saw him alive on Sept 4, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Lobar Pneumonia	About 7 days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

108

Major findings: Of operations

Of autopsy As above

PHYSICIAN — Underline the cause to 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

23. Signature Edd McDietrich (M. D. or other)

Address 2601 N Whittier Date signed 9/5/40

(Licensed Embalmer's Statement on Reverse Side)

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 Lydia Hughes

Licensed Embalmer No. 2938

P. O. Address 2620 Lawton

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.