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17-39
X23139

FILED FEB 18 1941

Registration District No. 257

Primary Registration District No. 2936

Registrar's No. 16

1. PLACE OF DEATH:

(a) County St Charles

(b) City or town St Charles
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St Joseph Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 Days
(Specify whether years, months or days)

3. (a) PRINT FULL NAME OLLIE C. SANFORD

3. (b) If veteran, name war _____

3. (c) Social Security No. 492-01-8649

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife William Sanford

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased Apr 23 1875
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>65</u>	<u>9</u>	<u>7</u>	hr. _____ min. _____

9. Birthplace Sumner Ill (City, town, or county) (State or foreign country)

10. Usual occupation INSTRUCTOR

11. Industry or business BUSINESS COLLEGE

12. Name John R. P. Foss

13. Birthplace India (City, town, or county) (State or foreign country)

14. Maiden name Portman

15. Birthplace Indiana (City, town, or county) (State or foreign country)

16. (a) Informant William S Sanford

(b) Address 1425 Shawmut Pl

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof Feb 1 1941 (Month) (Day) (Year)

(c) Place: burial or cremation Cah Grove Mausoleum

18. (a) Signature of funeral director Geo. E. Plutch

(b) Address 5866 E. 1st Ave

19. (a) 1-30-41 (Date received local registrar)

(b) Clarence D. Fischer (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County St Charles

(c) City or town ST. LOUIS (If outside city or town limits, write "RURAL")

(d) Street No. 1425 SHAWMUT PLACE (If rural, give location)

(e) If foreign born, how long in U. S. A? 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1st day 30th year 1941 hour 6 minute 0 M.

21. I hereby certify that I attended the deceased from 1/26, 1941 to 1/30, 1941

that I last saw ~~her~~ her alive on 1/29, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to Chronic nephritis 27m.

Due to _____

Other conditions Rheumatic endocarditis 14yo.
(Include pregnancy within 3 months of death)

Major findings:
Of operations none

Of autopsy none

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? 711

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature B. S. Neff (M. D. or other)

Address St. Charles, Mo. Date signed 2/30/41

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

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....

David C Gibson

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

David C Gibson

Licensed Embalmer No.....

3454

P. O. Address.....

5766 Easton Ave

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 this body is not embalmed, fact should be so stated above.