

FILED MAR 24 1942 291

Registration District No. \_\_\_\_\_

Primary Registration District No. 1003

Registrar's No. 1897

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:  
4945 McPherson Ave.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 50 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis (If outside city or town limits, write "RURAL")  
(d) Street No. 4945 McPherson Ave. (If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Philip G. Safford,

3. (b) If veteran, name war Spanish American 3. (c) Social Security No. 212-10-7030A

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Bessie D. Safford, 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased April 27, 1875  
(Month) (Day) (Year)

8. AGE: Years 66 Months 9 Days 29 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace St. Albans Vermont  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Gen. Agent  
Miss. Valley Barge Line

11. Industry or business \_\_\_\_\_

12. Name Alfred Safford

13. Birthplace St. Albans, Vermont.  
(City, town, or county) (State or foreign country)

14. Maiden name Frances H. Hoyt,

15. Birthplace St. Albans, Vermont.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Phil G. Safford  
(b) Address 4945 McPherson Ave.

17. (a) Burial (b) Date thereof 3/2/42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cem.

18. (a) Signature of funeral director. Wagoner Und. Co.,  
(b) Address 3621 Olive St.

19. MAR 1 1942 (b) J. F. Bredeck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 26 year 1942 hour 9:30 minute 9 M.

21. I hereby certify that I attended the deceased from February 17, 1942 to February 26, 1942  
that I last saw him alive on February 26, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral embolism Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Typhoid fever  
(Include pregnancy within 7 months of death)

Major findings: Cerebral embolism PHYSICIAN \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_ 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? \_\_\_\_\_

While at work \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Geo. Rendleman (M. D. or other) \_\_\_\_\_  
Address 812 Belmont Street Date signed 3/2/42

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

MOTHER FATHER

10

**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.....

**Robert T. Sangster**

Registered Apprentice No. **259**

working under my personal supervision.

Signed.....

*Neville B. Frohwitter*

Licensed Embalmer No. **3696**

P. O. Address **St. Louis, Mo.**

**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.**