

No. 2
-1-4-41
5-17-39
I X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

4892

State File No. 1503
Registrar's No.

Registration District No. 4

Primary Registration District No. 1003

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:
2234a Spruce St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community 12 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis 22 17
(If outside city or town limits, write "RURAL")
(d) Street No. 2234a Spruce St. 9
(If rural, give location)
(e) Citizen of foreign country? Adams (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Lillian Sanford
(b) If veteran, name war. No (c) Social Security No. Nil

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb day 16
year 1942 hour 7:05 minute A. M.

4. Sex Fem 3 5. Color or race Col 6. (a) Single, widowed, married, divorced, Married
7. Birth date of deceased August 23, 1892
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from.....
....., 19..... to....., 19.....
that I last saw h..... alive on.....
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
49 4 23 hr. min.

Immediate cause of death.....
Carcinoma of Cervix
Due to.....
Due to.....
Other conditions (Include pregnancy within 3 months of death).....
Major findings:
Of operations.....
Of autopsy.....

9. Birthplace Arkansas (City, town, or county) (State or foreign country)
10. Usual occupation Housewife

11. Industry or business.....
12. Name Henry Thomas
13. Birthplace Arkansas (City, town, or county) (State or foreign country)
14. Maiden name Josephine (Unk)
15. Birthplace Arkansas (City, town, or county) (State or foreign country)

PHYSICIAN
Underline the cause to which death should be charged statistically.

MOTHER FATHER {
16. (a) Informant Kidd Stanford
(b) Address 2234a Spruce St.
17. (a) Burial (b) Date thereof 2/21/42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation E. Louis Ill
18. (a) Signature of funeral director R. M. C. Green
(b) Address 3517 Laclade Ave
19. (a) FEB 18 1942 (b) J. T. Bredeck
(Date received local registrar) (Registrar's signature)

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) (Specify means of injury)
23. Signature Walter Perry (M. D. or other)
Address Capitol Hill Date signed 2/17/42

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE 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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

A. M. Chew

Licensed Embalmer No. *1173*

P. O. Address *3517 Soledad*

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.