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M—9-4-41
v. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 2 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 15939

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 4496

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

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis City Hospital D
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 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. 3803 Shenandoah Ave.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) D
If yes, name country

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3. (a) PRINT FULL NAME Sanford Axsom

3. (b) If veteran, name war no

3. (c) Social Security No. 491-16-4680

4. Sex Male D

5. Color or race White

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

6. (b) Name of husband or wife Ola Axson

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased Feb. 17, ~~1898~~ 1897
(Month) (Day) (Year)

8. AGE: Years 45 Months 3 Days 5 If less than one day hr. min.

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

10. Usual occupation Carpenter

11. Industry or business

FATHER
12. Name Thomas Axson
13. Birthplace Indiana
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Murtie Robinson
15. Birthplace Indiana
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ola Axson
(b) Address 3803 A. Shenandoah Ave

17. (a) Remaval (Burial, cremation, or removal) (b) Date thereof May 23/42 (Month) (Day) (Year)
(c) Place: burial or cremation Bloomington, Ind.

18. (a) Signature of funeral director Weick Bros. Und. Co
(b) Address 2201 S. Grand Bl.

19. (a) MAY 23 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 22, year 1942 hour 12:00 minute Noon M.

21. I hereby certify that I attended the deceased from May 15, 1942, to May 22, 1942 that I last saw him alive on May 22, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Generalized peritonitis	6 days?
Due to Local necrosis small bowel	6 days?
Due to Strangulated femoral hernia-rt	8 days
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations Strangulated femoral hernia - right
Of autopsy Generalized peritonitis

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) D
While at work? (Specify yes or no) (Means of injury)

23. Signature Frank [illegible] (M. D. or other)
Address 1515 Lafayette Avenue, Date signed 5/22/42

(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.....

Licensed Embalmer No. 3722

P. O. Address 412 Duchouquette St.

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.