

FILED DEC 3 1943 818
Registration District No.

Primary Registration District No. 1003

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Hospital #10
(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 Mo (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL"
(d) Street No. 1706 Union Blvd (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

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

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov day 17
year 1943 hour 6:30 minute _____ P. M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h_____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color of race Wh 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife William 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased _____ (Month) _____ (Day) _____ (Year)

Immediate cause of death _____
Cerebral Apoplexy
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

8. AGE: Years _____ Months _____ Days _____ If less than one day _____ hr. _____ min.
9. Birthplace La Cross Wisconsin (City, town, or county) (State or foreign country)
10. Usual occupation: Pressmaker

Major findings: Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER
11. Industry or business _____
12. Name William Glesbey
13. Birthplace Wisconsin (City, town, or county) (State or foreign country)
14. Maiden name Werkhoven
15. Birthplace Werkhoven (City, town, or county) (State or foreign country)

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 Thomas F. Callahan (M. D. or other) _____
Address Deputy Coroner Date of issue 11-22-43

16. (a) Informant William J. Sanford
(b) Address United States Army
17. (a) Burial (b) Date thereof 11-22-43 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Bur.
18. (a) Signature of funeral director Chas. F. Stuart
(b) Address 1225 Union Blvd.
19. (a) NOV 22 1943 (b) J. F. Braddock (Registrar's signature)

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

Bernard R. J. Stuart

Licensed Embalmer No. *3500*

P. O. Address.....

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.