. S. No. 2
M—9-4-41
v. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 9 1945

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

4856

State File No.

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 1664

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: 3412 Rutger 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 Abt 10 YRS
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17

(c) City or town St. Louis 9
(If outside city or town limits, write "RURAL")

(d) Street No. 3412 Rutger St 18
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME CLARA STANFORD

3. (b) If veteran, name war

3. (c) Social Security No. unk

4. Sex Female

5. Color or race Negro

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

6. (b) Name of husband or wife Jerry Stanford

6. (c) Age of husband or wife if alive 30 years

7. Birth date of deceased Dec (Month) 12 (Day) 1920 (Year)

8. AGE: Years 24 Months 2 Days 5 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Domestic

11. Industry or business

FATHER
12. Name Walter Long
13. Birthplace (City, town, or county) Miss (State or foreign country)

MOTHER
14. Maiden name Lorene Woods
15. Birthplace (City, town, or county) Miss (State or foreign country)

16. (a) Informant Jerry Stanford
(b) Address 3412 Rutger St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-20-45 (Month) (Day) (Year)
(c). Place: burial or cremation Washington Park

18. (a) Signature of funeral director Atkins Bros
(b) Address 3644 Finney Ave

19. (a) FEB 20 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb 17 day
year 45 hour 5 minute 30 P M.

21. I hereby certify that I attended the deceased from Feb 11, 1945 to Feb 17, 1945
that I last saw her alive on Feb 17, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive Cardiac Disease Decompensation

Due to Infected Tonsillitis

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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)
While at work? (e) Means of injury

23. Signature R. C. Haskell (M. D. or other)
Address 4270 a N. Finney Date signed 2/17/45

(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: Louis V. Atkins

Licensed Embalmer No. 2842

P. O. Address 3644 Finney

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.