

S. No. 300
M-10-47
5-17-39
I 3906

#85260
FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAY 11 1948

MISSOURI DEPARTMENT OF HEALTH
STANDARD CERTIFICATE OF DEATH

14615
State File No. _____
Registrar's No. 4154

Registration District No. 318 Primary Registration District No. 100

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis, Mo.
(c) Name of hospital or institution: St. Louis City Hospital-Max C. Starkloff
(d) Length of stay: In hospital or institution 2 days
In this community 2 years

3. (a) PRINT FULL NAME CLYDE SANSOM
3. (b) If veteran, name war Nil
3. (c) Social Security No. 243-05-0932

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Irene 6. (c) Age of husband or wife if alive 38 years
7. Birth date of deceased January 20, 1905

8. AGE: Years 43 Months 3 Days 9 If less than one day

9. Birthplace Dolton, Georgia

10. Usual occupation Textile Worker
11. Industry or business Bemis Bag Co.

12. Name Frank Sansom
13. Birthplace Georgia
14. Maiden name Carrie Pettit
15. Birthplace Georgia

16. (a) Informant Irene Sansom
(b) Address 1211 Chouteau Avenue

17. (a) burial (b) Date thereof 5-1-48
(c) Place: burial or cremation New St. Marcus Cemetery

18. (a) Signature of funeral director A.W. McLaughlin
(b) Address 2301 Lafayette Avenue

19. (a) MAY 3 1948 J. F. Broadcast
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis 17
(d) Street No. 1211 Chouteau Avenue 9
Memorial (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No) 0
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 29th
year 1948 hour 3 minute 45 A. M.

21. I hereby certify that I attended the deceased from 4/27/48
19 48, to April 29th 19 48
that I last saw him alive on April 29th 19 48
and that death occurred on the date and hour stated above.

Immediate cause of death
Exsanguination
Secondary shock
Due to Massive Hemorrhage
from Duodenal ulcer
Due to Duodenal ulcer
Other conditions (Include pregnancy within 3 months of death) IIII
Duration 1 day
7 days
2

Major findings:
Of operations Dissected ulcer penetrating into heart / pancreas
Of autopsy Duodenal ulcer penetrating into pancreas
Underline 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? _____
(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 W. J. Clark
1515 Lafayette 4/29/48
Date signed

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

MOTHER FATHER

4154

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.....

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.