S. No. 2
M—1/47
v. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

FILED MAY 20 1948

Registration District No. 818 — Primary Registration District No. 1003 — State File No. 17986 — Registrar's No. 4488

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

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: St. Mary's Infirmary (If not in hospital or institution, write street number or location) 0

(d) Length of stay: In hospital or institution 9 days (Specify whether In this community 9 days years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Madison 999

(c) City or town Venice (If outside city or town limits, write "RURAL") 11

(d) Street No. 1023 Calhoun (If rural, give location) 0

(e) Citizen of foreign country? No (Yes or No) N.R. 2

If yes, name country

3. (a) PRINT FULL NAME ALBERT SANFORD

3. (b) If veteran, name war None

3. (c) Social Security No.

4. Sex Male 2

5. Color or race Negro

6. (a) Single, widowed, married, divorced widowed 2

6. (b) Name of husband or wife

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

7. Birth date of deceased May (Month) 1 (Day) 1896 (Year)

8. AGE: Years 52 Months 0 Days 10 If less than one day hr. min.

9. Birthplace Birmingham (City, town, or county) Ala. (State or foreign country) 1

10. Usual occupation Laborer

11. Industry or business Unknown

FATHER
12. Name unknown
13. Birthplace unknown (City, town, or county) Unknown (State or foreign country) 9

MOTHER
14. Maiden name unknown
15. Birthplace unknown (City, town, or county) unknown (State or foreign country) 9

16. (a) Informant Viola Brown

(b) Address 1023 Calhoun, Venice, Ill.

17. (a) removal (Burial, cremation, or removal) (b) Date thereof May 13-1948 (Month) (Day) (Year)

(c) Place: burial or cremation East St. Louis, Ill.

18. (a) Signature of funeral director J L Marshall

(b) Address 2205 Mo., East St. Louis, Ill.

19. (a) MAY 13 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 11 year 1948 hour 10 minute 30 A.M.

21. I hereby certify that I attended the deceased from May 2, 1948, to May 11, 1948, that I last saw him alive on May 10, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pulmonary Embolism	1 day
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN

Underline the cause of 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 0

23. Signature [illegible] (M. D. or other)

Address [illegible] Date signed 5/15/1948

Jefferson City Printing Co. (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 Me

..... Registered Apprentice No.....

working under my personal supervision.

Signed Ben. H. Baldwin

Licensed Embalmer No. 2420

P. O. Address E. St Louisville

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.