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908

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

1. PLACE OF DEATH:

(a) County City
 (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 Infirmary Hospital; J.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 5-18-48/6-12-48
 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 03-0
 (c) City or town City (If outside city or town limits, write "RURAL")
 (d) Street No. 1326 Hadley (If rural, give location)
23
 (e) Citizen of foreign country? 0 (Yes or No)
 If yes, name country _____

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

4. Sex Male Color or race 2 Color
 6. (a) Single, widowed, married, divorced, widow
 6. (b) Name of husband or wife _____
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased June 27 1891
 (Month) (Day) (Year)

8. AGE: Years Months Days
57 11 15
 If less than one day hr. min.

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

10. Usual occupation Junker.

11. Industry or business Wash Saffold

12. Name Ala.

13. Birthplace Bett, Clover
 (City, town, or county) (State or foreign country)

14. Maiden name Ala.
 (City, town, or county) (State or foreign country)

15. Birthplace City Infirmary Records
 (City, town, or county) (State or foreign country)

16. (a) Informant 5800 Arsenal St.
 (b) Address

17. (a) Burial (b) Date thereof 6-18-48
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation National Cemetery Jefferson Baricks
 18. (a) Signature of funeral director Dus Lowe
 (b) Address 2930 Dickson St
 19. (a) JUN 17 1948 (Date received local registrar)
J. M. Braddock (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 12
 year 48 hour 3 minute 15 a. m.
 21. I hereby certify that I attended the deceased from 5 to 18
 that I last saw him alive on 6-12 1948
 and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia
 Due to Senile Psychia
Arteriosclerosis Cerebral Degener
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: Of operations 107
 Of autopsy _____

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 0

23. Signature Mason Oshob (M. D. or other)
 Address 3903 Olive Date signed 6/12/48

Duration 3 days
 PHYSICIAN
 Underline the cause to which death should be charged statistically.

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 Arthur L. Hilliard

Licensed Embalmer No. 4221

P. O. Address 4049 St Ferdinand

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.