

FILED DEC 2 1948 318

Registration District No. Primary Registration District No. 1003

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:  
Faith Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 hr. 35 min.  
(Specify whether years, months or days)

In this community 1 hr. 35 min.

3. (a) PRINT FULL NAME Baby Margaret Ann Sanford

3. (b) If veteran, name war Nil

3. (c) Social Security No. Nil

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Nil

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

7. Birth date of deceased November 23 1948  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
1 hr. 35 min.

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

10. Usual occupation None

11. Industry or business "

12. Name Harvey Sanford

13. Birthplace Anzell Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Scherer

15. Birthplace Fornfelt Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Harvey Sanford

(b) Address 1404 N. Park Pl.

17. (a) Burial (b) Date thereof 11-25--48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Suedmeyer & Sons

(b) Address 3934 N. 20th St.

19. (a) NOV 24 1948 (b) J. B. Casalen  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

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

(d) Street No. 1404 N. Park Pl.  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 23rd  
year 1948 hour 11 minute 45 A.M.

21. I hereby certify that I attended the deceased from Nov. 22<sup>nd</sup>, 1948 to Nov. 23<sup>rd</sup>, 1948  
that I last saw her alive on Nov. 23, 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Atelectasis of lungs Duration 2 hrs

Due to

Due to

Other conditions Nil  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations

Of autopsy Atelectasis of lungs

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?

While at work? (Specify type of place)

(c) Means of injury

23. Signature J. C. Creane (M. D. or other) med  
Address 12534 N. 14 St. Date signed 11-24-48

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

MOTHER FATHER

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**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 *Neville R. Thodurter*.....

Licensed Embalmer No. *3696*.....

P. O. Address *3934 120th St.*.....

**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.**