

FILED AUG 22 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No.
1887

BIRTH NO.		REG. DIST. NO. <u>917</u>		PRIMARY REG. DIST. NO. <u>3063</u>		Registrar's No. <u>1887</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY <u>St. Louis</u>		b. STATE <u>Missouri</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>		d. STREET ADDRESS (If rural, give location) <u>9421 Upland</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Clayton Mo</u>		c. LENGTH OF STAY (in this place) <u>17 days</u>		e. CITY (If outside corporate limits, write RURAL and give township) <u>Afton</u>		f. COUNTY <u>4820</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis County Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>9421 Upland</u>			
3. NAME OF DECEASED			4. DATE OF DEATH			5. SEX	
a. (First) <u>LEWIS</u>			b. (Middle) <u>STAFFORD</u>			c. (Last) <u>STAFFORD</u>	
(Type or Print)			(Month) (Day) (Year) <u>Aug 4th 1950</u>			6. COLOR OR RACE <u>male white</u>	
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widower</u>		8. DATE OF BIRTH <u>October 16 1889</u>	
9. AGE (in years last birthday) <u>60</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>		11. BIRTHPLACE (State or foreign country) <u>Bronson Kansas</u>	
11. BIRTHPLACE (State or foreign country) <u>Bronson Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Walter Stafford</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Goodberry</u>	
13a. FATHER'S NAME <u>Walter Stafford</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Goodberry</u>		14. NAME OF HUSBAND OR WIFE <u>Rose Daughters (Deceased)</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Walt Stafford</u>		ADDRESS <u>9421 Upland Afton Mo.</u>	
18. CAUSE OF DEATH				MEDICAL CERTIFICATION			
Enter only one cause per line for (a), (b), and (c)				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>arteriosclerotic heart disease</u>			
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				ANTECEDENT CAUSES			
				DUE TO (b) _____			
				DUE TO (c) _____			
				II. OTHER SIGNIFICANT CONDITIONS <u>Basal cell Ca of the face</u>			
				Conditions contributing to the death but not related to the disease or condition causing death. <u>Diabetic Mellitus</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?		INTERVAL BETWEEN ONSET AND DEATH	
				<u>4200</u>		<u>1200</u>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	
						21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
				21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>7-17-1950</u> , to <u>8-4-1950</u> , that I last saw the deceased alive on <u>8-4-1950</u> , and that death occurred at <u>7:10A m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>R.R. Cable</u>				23b. ADDRESS <u>M.D. 601 Brentwood, Canyon</u>		23c. DATE SIGNED <u>8-4-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>August 7 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Moran Kansas</u>		24d. LOCATION (City, town, or county) (State) <u>6203 Gravois Ave.</u>	
DATE REC'D BY LOCAL REG. <u>8-7-50</u>		REGISTRAR'S SIGNATURE <u>Herbert A. ...</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Henry ...</u>		ADDRESS <u>6203 Gravois Ave.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

.....
working under my personal supervision.

Signed.....
Student Embalmer

Student Embalmer No.....
Signed *Robert M Murray*

Licensed Embalmer No. *3749*

P. O. Address *H. Louis, Mo*

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.