

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **18490**
Registrar's No. **4900**

FILED JUN 16 1952

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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|--|-----------------------------------|---|--|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS | c. LENGTH OF STAY (in this place) | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2129 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION BARNES HOSPITAL | | d. STREET ADDRESS (If rural, give location) 5029 Maple Ave | |

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| 3. NAME OF DECEASED (Type or Print) | a. (First) CLARKE | b. (Middle) F. | c. (Last) SANFORD | 4. DATE OF DEATH (Month) (Day) (Year) 5 26 52 |
|--|--------------------------|-----------------------|--------------------------|--|

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|--------------------|-------------------------------|---|--------------------------------------|---|----------------------------|--------------------------|--------------------------|
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married | 8. DATE OF BIRTH Oct. 13-1888 | 9. AGE (In years last birthday) 63 | 10. UNDER 1 YEAR Months | 11. UNDER 1 HR. Hours | 12. UNDER 1 MIN. Min. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Agent - Manfg. Agent. | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and State or Foreign Country) Covington, Kentucky | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
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| 13a. FATHER'S NAME Elmer Sanford | 13b. MOTHER'S MAIDEN NAME unk Fletcher | 14. NAME OF HUSBAND OR WIFE Elizabeth B. Sanford |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. 7 | 17. INFORMANT'S SIGNATURE OR NAME Mrs. Elizabeth B. Sanford | ADDRESS St. Louis, Mo |
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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ACUTE MYOCARDIAL INFARCTION | | 12-24 HRS. |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. PULMONARY EDEMA | | 24 HOURS | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
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| 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) |
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| 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? 4201 |
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22. I hereby certify that I attended the deceased from **MAY 25**, 19**52**, to **May 26**, 19**52**, that I last saw the deceased alive on **MAY 26**, 19**52**, and that death occurred at **3:53 pm.**, from the causes and on the date stated above.

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| 23a. SIGNATURE JR Bradley | (Degree or title) , M. D. | 23b. ADDRESS 600 S. KINGSHIGHWAY | 23c. DATE SIGNED |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 5-29-52 | 24c. NAME OF CEMETERY OR CREMATORY Bellefontaine Cem. | 24d. LOCATION (City, town, or county) (State) St. Louis Mo |
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| DATE REC'D BY LOCAL REG. MAY 28 1952 | REGISTRAR'S SIGNATURE J. C. Smith | 25. FUNERAL DIRECTOR'S SIGNATURE C. R. Hupton & Sons | ADDRESS 7233 Delmar Blvd |
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(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.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Arnold W. Schoene

Licensed Embalmer No. 3864

P. O. Address St. 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.