

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30391**
Registrar's No. **7532**

FILED **AUG 31 1953**

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis, Missouri		c. LENGTH OF STAY (In this place)	b. COUNTY Missouri
d. FULL NAME OF HOSPITAL OR INSTITUTION De Paul Hospital		c. CITY OR TOWN St. Louis	d. Is Residence within limits of a city of incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or Print) Edith		a. (First) J.	b. (Middle) Saffron
c. (Last) Saffron		4. DATE OF DEATH (Month) (Day) (Year) July 31, 1953	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 10 1910
9. AGE (In years last birthday) 43		IF UNDER 1 YEAR Months	IF UNDER 4 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Meat Wrapper		10b. KIND OF BUSINESS OR INDUSTRY Grocer	11. BIRTHPLACE (City and State or Foreign Country) Poplar Bluff, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Jesse Hedger	
13b. MOTHER'S MAIDEN NAME Lucille Vinyard		14. NAME OF HUSBAND OR WIFE Arthur Saffron	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No Nil		16. SOCIAL SECURITY NO. 489-16-9749	17. INFORMANT'S SIGNATURE OR NAME Arthur Saffron
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		17. ADDRESS 415 Belt Avenue.	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Occlusion		INTERVAL BETWEEN ONSET AND DEATH 1 hour	
ANTECEDENT CAUSES Cerebral Sclerosis			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? 4201	
22. I hereby certify that I attended the deceased from 7/31 , 19 53 , to _____, 19____, that I last saw the deceased alive on 7/31 , 19 53 and that death occurred at 2:55P m., from the causes and on the date stated above.			
23a. SIGNATURE J. B. Jordan MD		23b. ADDRESS 539 N. Grand St. St. Louis Mo	23c. DATE SIGNED 8/1/53
24a. BURIAL, CREMATION, REMOVAL (Specify) Entombment	24b. DATE 8-3-53	24c. NAME OF CEMETERY OR CREMATORY Valhalla Mausoleum	24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.
DATE REC'D BY LOCAL REG. AUG 3 1953	REGISTRAR'S SIGNATURE J. Carl Smith MD	25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe	
		ADDRESS 4700 Washington	

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.....
Signature of Student Embalmer

Signed.....
Fred J. Hammer

Licensed Embalmer No...4788

P. O. Address...St. Louis

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.