

FILED JAN 11 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42569

State File No. _____

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **10808**

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

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) OR TOWN St. Louis,		a. STATE Missouri. b. COUNTY St. Louis,	
c. CITY OR TOWN St. Louis,		c. CITY OR TOWN Clayton,	
d. FULL NAME OF HOSPITAL OR INSTITUTION Bernard Nursing Home.		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)
a. (First) JOHN b. (Middle) McDONALD c. (Last) SANFORD.			Dec 8, 1955
5. SEX Male.	6. COLOR OR RACE White.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, Married.	8. DATE OF BIRTH Dec 4, 1861.
9. AGE (In years last birthday) 94.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired. Gen Agent of	11. BIRTHPLACE (City and State or Foreign Country) Cottleville, Missouri.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired. Gen Agent of		10b. KIND OF BUSINESS OR INDUSTRY Great Northern.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME James T. Sanford.		13b. MOTHER'S MAIDEN NAME Lucinda Campbell.	14. NAME OF HUSBAND OR WIFE Lillian Matthews Sanford.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no.		16. SOCIAL SECURITY NO. none.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs John Sanford, 7718 Maryland Avenue.
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized arteriosclerosis INTERVAL BETWEEN ONSET AND DEATH years ANTECEDENT CAUSES DUE TO (b) _____ DUE TO (c) _____ Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cerebro. Vascular Accident 8 hours	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 331x	
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 type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from June 10, 1948 , to Dec 8, 1955 , that I last saw the deceased alive on Dec 8, 1955 , and that death occurred at 11:40 P.M. , from the causes and on the date stated above.			
23a. SIGNATURE Sim Beam (Degree or title) M.D.		23b. ADDRESS 35 N. Central - 5 -	
23c. DATE SIGNED 12/9/55			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal..		24b. DATE 12/10/55.	
24c. NAME OF CEMETERY OR CREMATORY Bellefontaine Cemetery.		24d. LOCATION (City, town, or county) (State) St. Louis, Missouri.	
DATE REC'D BY LOCAL REG. DEC 9 1955		REGISTRAR'S SIGNATURE J. Carl Smith M.D.	
25. FUNERAL DIRECTOR'S SIGNATURE C. R. Lupton & Sons.		ADDRESS #7233 Delmar Blv'd.,	

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 *Arnold W. Schoene*

Licensed Embalmer No. *386*

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.