

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

8787
Do not use this space.

1. PLACE OF DEATH **REC'D APR 1 1938**
 (a) County..... Registration District No. **791**
 (b) Township..... Primary Registration District No. **1003**
 (c) City **St. Louis** (d) Street No. **Lutheran Hospital** St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Patrick J. Ford 630**
 (a) Residence, No. **3633 Hickory St.** St. **18** (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Agnes Ford**
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **UNKNOWN 1863**
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
75 UNKNOWN

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Laborer, No. Pac. R.R.**
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ireland 5**

FATHER 13. NAME **John Ford 5**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ireland 5**

MOTHER 15. MAIDEN NAME **Bridget Crane 5**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ireland**

17. INFORMANT **Mrs. Agnes Ford**
 (ADDRESS) **3633 Hickory St.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Calvary Cem.** DATE **Mar. 11, 1938**

19. FUNERAL DIRECTOR **Arthur J. Donnelly Undt. Co.**
 (ADDRESS) **3840 Lindell Blvd.**

20. FILED **MAR 10 1938**
J. P. Bredbeck

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Mar. 8, 1938** 19

22. I HEREBY CERTIFY, That I attended deceased from **Feb. 25, 1938, to March 8, 1938**
 I last saw him alive on **March 5, 1938**. Death is said to have occurred on the date stated above, at **5:30 PM.**
 The principal cause of death and related causes of importance were as follows:

*Chronic Myocarditis
 R. Left Chest Compaction
 Right Chest Large Effusion
 (Cardiac Decongestion)*

Date of onset
 1
 2
 3
 4

Other contributory causes of importance: *[Signature]*

Name of operation **None** Date of.....

What test confirmed diagnosis **Symptoms** Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide?..... Date of injury....., 19.....
 Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? **Yes**
 If so, specify.....

(Signed) **Edmund T. Burnett**, M. D.
 (Address) **1504 So Grand Blvd**

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, Stanley Marchlewski, Licensed Embalmer No. 2868

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Me

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed Stanley Marchlewski

Licensed Embalmer No. 2868

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.)