

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

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

38062
9901

Registration District No. _____

Primary Registration District No. _____

Registrar's No. _____

1. PLACE OF DEATH:

(a) County 1
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Mo. Pacific Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County N.R.
(c) City or town Kirkwood
(If outside city or town limits, write "RURAL")
(d) Street No. 608 So. Geyer Rd.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 20
8 year 1939 hour 7 minute 10 AM.
21. I hereby certify that I attended the deceased from
11-18- 1939, to 11-20 1939.
that I last saw h.l.m. alive on 11-19 1939
and that death occurred on the date and hour stated above.

3. (a) PRINT FULL NAME ROBT. GREY FORD 630

3. (b) If veteran, name war _____ 3. (c) Social Security No. 703-01-395

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Anne Mae Ford 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Aug. 16th. 1876
(Month) (Day) (Year)

8. AGE: Years 63 Months 3 Days 4 If less than one day _____ hr. _____ min.

9. Birthplace Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation R.R. Fireman

11. Industry or business Terminal

12. Name Gideon Ford

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Henrietta Unknown

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Harold R. Ford

(b) Address 608 So. Geyer Rd.

17. (a) Removal (b) Date thereof 11-22-39
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Jerseyville Ill.

18. (a) Signature of funeral director Dickinson Harrel

(b) Address 1905 Union Blvd.

19. (a) Nov 20 1939 (b) J.F. Brudick
(Date received local registrar) (Registrar's signature)

Immediate cause of death _____ Duration _____

Carcinomatous.

Due to Carcinoma of stomach

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Far advanced
Of operations Carcinoma of stomach.

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Geo W. Blankenship (M. D. certificate) _____

Address 1755 S. Grand Date signed 11-20-39

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Warren A. Carver

Licensed Embalmer No.....

3534

P. O. Address.....

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, above space should be left blank.