

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.

FILED MAR 12 1940

Registration District No. **791**

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County _____
 (b) City or town **2932. A. Thomas, St. St. Louis,**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
XXXX
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **XXXX**
(Specify whether
 In this community **(6) months,**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County _____
 (c) City or town **St. Louis,** **21**
(If outside city or town limits, write "RURAL")
 (d) Street No. **2932. A. Thomas,**
(If rural, give location)
U.S.A.
 (e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME **Thelma Ford,**

3. (b) If veteran, name war **XXXXX**
 3. (c) Social Security No. **XXXXX**

4. Sex **Female** 5. Color or race **Col**
 6. (a) Single, widowed, married, divorced **Single**
 6. (b) Name of husband or wife **XXX**
 6. (c) Age of husband or wife if alive **XX** years
 7. Birth date of deceased **Jany 14th, 1923.**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
@ 17 XXX 28
hr. min.

9. Birthplace **Koscius, Miss.**
(City, town, or county) (State or foreign country)

10. Usual occupation **School Girl,**

11. Industry or business **School Girl,**

MOTHER FATHER { 12. Name **D.W. Ford,**

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

14. Maiden name **Mary Bell Holmes,**
(City, town, or county) (State or foreign country)

15. Birthplace **Koscius, Miss.**
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature **Mary D. Ford**

(b) Address **2932. A. Sheridan Ave, St. Louis,**

17. (a) **Burial** (b) Date thereof **2/16/40.**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Greenwood Cemetery.**

18. (a) Signature of funeral director **H. C. ...**

(b) Address **#2812, Thomas, St,**

19. (a) **FEB 14 1940** (b) **J. F. Walden**
(Date of record from registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb** day **12** th
 year **1940.** hour **4:25.** minute _____ P. M.

21. I hereby certify that I attended the deceased from **12-8-** 19**39** to **12-12-** 19**40**
 that I last saw him alive on **2-12-** 19**40**
 and that death occurred on the date and hour stated above.

Immediate cause of death
Tuberculosis Pulmonaris Plus Pulmonary Tuberculosis

Due to _____
 Due to _____

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
 Of operations _____

Of autopsy **None**

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) **NO**

(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 _____ (M. D. or other)

Address **8220 S. ...** Date signed **2/17/40**

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.....

myself....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No. *2266*

P. O. Address *2812 Thomas*

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.