

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County _____
(b) City or town St Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
H G Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 mo 17 days
(Specify whether
In this community Life
years, months or days)

3. (a) PRINT FULL NAME Emma Marie Ford 630

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

4. Sex Female 5. Color or race Col. 6. (a) Single, widowed, married, divorced _____

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

7. Birth date of deceased: 5 1949
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
1 2 0 hr. min.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name Albert Ford

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

14. Maiden name Willie Mae Morris
15. Birthplace Cairo Ill.
(City, town, or county) (State or foreign country)

16. (a) Informant Willie Mae Morris

(b) Address 2414 N. Whittier

17. (a) Burial (b) Date thereof 8-1-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cairo Ill.

18. (a) Signature of funeral director Bernard Lane

(b) Address 3103 Washington

19. (a) JUL 31 1940 (b) J. F. Budeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St Louis 11
(If outside city or town limits, write "RURAL")
(d) Street No. 2414 N Whittier
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 31
year 1940 hour 10:25 minute A M.

21. I hereby certify that I attended the deceased from June 14, 1940, to July 31, 1940
that I last saw her alive on July 31, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death:
Pulmonary Tuberculosis - Secondary
Tuberculous Mastoid About 6 mos

Due to _____

Due to _____

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

Major findings:
Of operations _____

Of autopsy _____

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? 844

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

23. Signature J. F. Peace (M. D. or other) _____

Address 2601 N Whittier Date signed _____

Duration
About 6 mos
PHYSICIAN
Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE 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.....

....., Registered Apprentice No.

working under my personal supervision.

Signed.....

Robert H. Powell

Licensed Embalmer No. *3402*

P. O. Address *3100 Franklin*

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.