

S. No. 2  
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7-5-17-39  
X22390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

20513

FILLED JUL 21 1941

STANDARD CERTIFICATE OF DEATH

State File No.

5325

Registration District No. 791

Primary Registration District No. 1003

Registrar's No.

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:  
Residence, 5707 McPherson Avenue  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution  
In this community  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5707 McPherson Avenue  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME CLAUDE G. FORDTRAN

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Julia Fordtran 6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased December 2 1870  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
70 6 25 hr. min.

9. Birthplace Fayette County Texas  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Broker

11. Industry or business Merchandise

MOTHER FATHER { 12. Name Henry Fordtran  
13. Birthplace Lafayette Co. Texas  
(City, town, or county) (State or foreign country)  
14. Maiden name Letitia Satterfield  
15. Birthplace Summerfield West Virginia  
(City, town, or county) (State or foreign country)

16. (a) Informant Julia Fordtran  
(b) Address 5070 McPherson Ave. St. Louis

17. (a) Cremation (b) Date thereof June 29, 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Crematory

18. (a) Signature of funeral director C. R. Lupton & Sons  
(b) 7233 Delmar Blvd. St. Louis, Mo.

19. (a) 27 1941 (b) J. J. Decker  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 27  
year 1941 hour 5 minute 1 M.

21. I hereby certify that I attended the deceased from June 1 1941 to June 27 1941  
That I last saw him alive on June 26 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial infarction, chronic Duration 4 yrs

Due to Posterior Lateral sclerosis 4 yrs

Due to Chronic) cause unknown 4 yrs

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 8/12 8/24  
Of autopsy 8/12 8/24  
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 H. E. Jones (M. D. or other) 0  
Address 4500 Clin Date signed June 22, 41

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

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17  
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Dr. W. E. Jones  
11ster Building  
2 to 4 P.M.  
RO-2866

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**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 *Clarence H. Murray*

Licensed Embalmer No. *4011*

P. O. Address *St. Louis, Mo.*

**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, fact should be so stated above.**