

FILED MAR 17 1942

Registration District No. \_\_\_\_\_

Primary Registration District No. 1003

State File No. \_\_\_\_\_

Registrar's No. \_\_\_\_\_

1682

1. PLACE OF DEATH:

(a) County Saint Louis  
(b) City or town Saint Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Homer G. Phillips Hosp.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. Abt 20 hrs.  
In this community Unavailable (Specify whether years, months or days)

3. (a) PRINT FULL NAME Susie Ford

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. None

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

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

7. Birth date of deceased. Unavailable 1893  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
Abt. 49 hr. min.

9. Birthplace Madison County, Mississippi  
(City, town, or county) (State or foreign country)

10. Usual occupation. Cook

11. Industry or business. Private Family

12. Name Unavailable

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

14. Maiden name Unavailable

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

16. (a) Informant Virginia Thornton

(b) Address 4029a Garfield Ave.

17. (a) Burial (b) Date thereof. 2/25/1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Greenwood Cemetery

18. (a) Signature of funeral director. Gates Funeral Home

(b) Address 4107 Finney Ave.

19. (a) FEB 24 (b) J. F. Budick  
(Date received local registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town Saint Louis University City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 6309 McPherson Ave.  
(If rural, give location)  
(e) Citizen of foreign country? N.R. (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 18  
year 1942 hour 4 minute 5 P.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Chronic Myocarditis  
Chronic Parenchymatous  
Nephritis

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: 131  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

Duration

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 Thomas F. Callahan (M. D. or other) \_\_\_\_\_

Address 1300 Bluff Ave Date signed 2/27/42

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

MOTHER FATHER

**STATEMENT BY LICENSED EMBALMER**

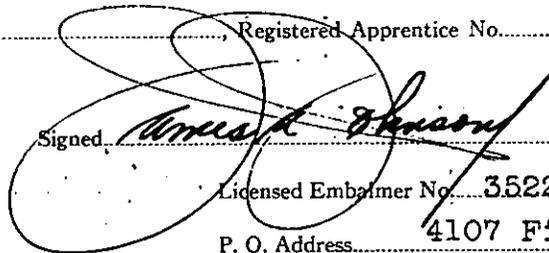
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

James A. Johnson

working under my personal supervision.

Registered Apprentice No.....

Signed



Licensed Embalmer No. 3522

P. O. Address 4107 Finney Ave.

**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.**