V. S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 19566

LED JUL 13 1942

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 5704

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: En Route to City Hos;ptal 3
(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: 000

(a) State Missouri (b) County 17
(c) City or town St. Louis 295
(If outside city or town limits, write "RURAL")
(d) Street No. 212 S. Sixth St
(If rural, give location)
(e) Citizen of foreign country? O (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME James Ford

3. (b) If veteran, name war ********

3. (c) Social Security No. *********

4. Sex Male O

5. Color or race White

6. (a) Single, widowed, married, divorced Single O

6. (b) Name of husband or wife

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

7. Birth date of deceased May 29th. 1864 (Month) (Day) (Year)

8. AGE: Years 78 Months 1 Days 1 If less than one day hr. min.

9. Birthplace Ohio (City, town, or county) 1 (State or foreign country)

10. Usual occupation Peddler

11. Industry or business Self

MOTHER FATHER

12. Name Patrick Ford

13. Birthplace Ireland (City, town, or county) 4 (State or foreign country)

14. Maiden name Catherine O'Brien

15. Birthplace Ireland (City, town, or county) 4 (State or foreign country)

16. (a) Informant Wm J Delaney

(b) Address Calumet City Illinois

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof July 3 1942 (Month) (Day) (Year)

(c) Place: burial or cremation Hammond Indiana

18. (a) Signature of funeral director Peetz Brothers

(b) Address 3029 Lafayette Ave

19. (a) JUL 3 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

844

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

No Physicisn in Attendence

20. DATE OF DEATH: Month 30th day June year 1942 hour 7:30 minute A. 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.

	Duration
Immediate cause of death: Coronary Sclerosis	
Due to: Arteriosclerosis	
Due to: W.M.A.	
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)
(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? (Specify type of place) 3
While at work? Means of injury

23. Signature Thomas F. Callaran (M. D. or other)
Address Deputy Coroner Date signed 7/3/42

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 Frank D. Owens

Licensed Embalmer No. 2245

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.