

FILED JUN 14 1943

318

Primary Registration District No. ....

1003

Registrar's No. ....

5203

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
# 14 Garrison B  
(If not a hospital or institution, write street number or location)  
(d) Location in hospital or institution # 2  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 000  
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 217  
(d) Street No. T. N. Garrison (If rural, give location) 0  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
Attending Physician

3. (a) PRINT FULL NAME HENRY B. FORD

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

4. Sex Male 5. Color or race col 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Janet Buford 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased 11 (Month) 29 (Day) 1882 (Year)

8. AGE: Years Months Days If less than one day  
60 6 5 hr. min.

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

10. Usual occupation Housewife

11. Industry or business None

MOTHER, FATHER { 12. Name Marjorie Kirshoff  
13. Birthplace Vernon La (City, town, or county) (State or foreign country)  
14. Maiden name Miller, Thomas  
15. Birthplace Merib Miss (City, town, or county) (State or foreign country)

16. (a) Informant Dewey Johnson  
(b) Address # 14 Garrison Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-7-1943 (Month) (Day) (Year)  
(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director J. W. Bruce  
(b) Address 1003 N. Garrison Ave

19. (a) JUN 7 1943 (Date received local registrar) J. F. Brudick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 3  
year 1943 hour 7 minute 05 A. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_,  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Heart Disease

Due to grip  
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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Alfred Perry (M. D. or other) \_\_\_\_\_  
Address St. Louis Date signed 6/7/43

Duration \_\_\_\_\_  
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

*Clark Young*

Licensed Embalmer No.

*337P*

P. O. Address

*St. Louis*

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.