7. S. No. 2
00M—2-43
ev. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 13 1943 318

Registration District No.

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 29930

Primary Registration District No. 1003

Registrar's No. 8638

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Homer G. Phillips Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 days (Specify whether years, months or days)
In this community 68 years

2. USUAL RESIDENCE OF DECEASED: 000
(a) State Missouri (b) County 12
(c) City or town St. Louis, 25 9
(If outside city or town limits, write "RURAL")
(d) Street No. 1021 N. 13th St.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Mary Ford

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race Negro 3

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife

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

7. Birth date of deceased Unknown (Month) (Day) (Year)

8. AGE: Years abt. 69 | Months | Days | If less than one day hr. min.

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

10. Usual occupation

11. Industry or business Nil

FATHER
12. Name Sam Young
13. Birthplace (City, town, or county) Ky. (State or foreign country)

MOTHER
14. Maiden name Jane Hoard
15. Birthplace (City, town, or county) Ky. (State or foreign country)

16. (a) Informant Shirley M. Smith
(b) Address 2601 N. Whittier

17. (a) Cremated Bremt (Burial, cremation, or removal) (b) Date thereof 8-7-43 (Month) (Day) (Year)
(c) Place: burial or cremation St Louis, Mo

18. (a) Signature of funeral director W. Rutter Rutter
(b) Address 3500 Rutter

19. (a) SEP 30 1943 (Date received local registrar) (b) O. F. Bruecke (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 31, year 1943 hour 8 minute 45 A. M.

21. I hereby certify that I attended the deceased from August 24, 1943, to August 31, 1943, that I last saw h...er alive on August 31, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death: Arteriosclerotic Heart Disease 8 mo
Due to: Chr. Nephritis — Duration: Unk.
Due to:
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

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)
While at work? Means of injury

23. Signature S. E. Smith (M. D. or coroner)
Address 2601 Whittier Date signed 8/31/43

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....

P. O. Address.....

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.