No. 2 #4827
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 1 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 306

Registration District No. 818 — Primary Registration District No. 1003 — Registrar's No. 711

1. PLACE OF DEATH:
(a) County: St. Louis Missouri.
(b) City or town: (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis City Hospital-Max C. Starkloff Memorial (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or Institution 2 mos.-27 days (Specify whether years, months or days)
In this community 2 Mos. 27 Day

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: 17
(c) City or town: ST. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 8432 Halls Ferry Rd. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: CATHERINE JOSEPHINE FORD

3. (b) If veteran, name war: NONE

3. (c) Social Security No. 495-14-4777

4. Sex: FEMALE

5. Color or race: WHITE

6. (a) Single, widowed, married, divorced: WIDOWED

6. (b) Name of husband or wife: JAMES FORD

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

7. Birth date of deceased: MAY (Month) 9 (Day) 1897 (Year)

8. AGE: Years 46 Months 8 Days 12 If less than one day ____ hr. ____ min.

9. Birthplace: ST Louis (City, town, or county) 0 (State or foreign country)

10. Usual occupation: HOUSE WORK

11. Industry or business:

FATHER
12. Name: CHARLES VASSIER
13. Birthplace: St. Louis (City, town, or county) Co Mo. 0 (State or foreign country)

MOTHER
14. Maiden name: BERNADENE HANEBRINK
15. Birthplace: ST. LOUIS (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant: Marie Stilwell
(b) Address: 1039 Selby Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: JAN. 25-1944 (Month) (Day) (Year)
(c) Place: burial or cremation: LAKE CHARLES CEM.

18. (a) Signature of funeral director: Friedrich F. Home
(b) Address: 8319 Halls Ferry Rd.

19. (a) JAN 24 1944 (Date received local registrar) (b) J. F. Friedrich (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 21st year 1944 hour 8:50 minute A. M.

21. I hereby certify that I attended the deceased from October 24th, 1943, to January 21st, 1944, that I last saw her alive on January 21st, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death: generalized carcinomatosis — Duration

Due to: 55

Due to:

Other conditions (Include pregnancy within 3 months of death):

Major findings:
Of operations: none
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)
While at work? (e) Means of injury:

23. Signature: Frank Steinberg (M. D.)
Address: 1515 Lafayette Date signed: 1/21/44

(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 Arthur P. Diedrich

Licensed Embalmer No. 3556

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.