

FILED NOV 10 1944 318

Registration District No. _____ Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County Saint Louis Missouri
 (b) City or town Saint Louis Missouri
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution None Street
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution None (Specify whether
 In this community Ten Years
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County _____
 (c) City or town St Louis MO
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1225 N 9th St
 (If rural, give location)
 (e) Citizen of foreign country? 1 (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Johnnie L. Ford
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race Col 6. (a) Single, widowed, married, divorced Single
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased 12-12-1918
 (Month) (Day) (Year)

8. AGE: Years 25 Months 10 Days 15 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housework

11. Industry or business _____

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Will Robinson

(b) Address 1225 N. 9th St Rear

17. (a) Burial (b) Date thereof 11-2-1944
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Mary Wade

(b) Address 402 Finney Ave.

19. (a) Nov 11 1944 (b) J. B. Deek
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10-27 day 1944
 year 1 hour 2 minute 45 P. M.
 21. I hereby certify that I attended the deceased from 10-20
11 to 10-26 1944
 that I last saw her alive on 10-26-44 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death Mitral Insufficiency
 Due to _____
 Due to _____

Other conditions (Include pregnancy within 3 months of death) 92

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)
 (c) Means of injury _____
 23. Signature J. W. Wilburn (M. D. or other)
 Address 3400 Freeman Date signed 10-30

Duration _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

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~~

Chester A. Marshall

Registered Apprentice No.

working under my personal supervision.

Signed

Chester A. Marshall

Licensed Embalmer No.

4381

P. O. Address

4282 Finney

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.