S. No. 2
M—5-42
5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 39330

Registration District No. FILED JAN 15 1945 318

Primary Registration District No. 1003

Registrar's No. 11246

1. PLACE OF DEATH:

(a) County

(b) City or town (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: H. G. Phillips Hospital. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days) 0

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County

(c) City or town St. Louis (If outside city or town limits, write "RURAL")

(d) Street No. 4489 Washington Ave. (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME John Ford

3. (b) If veteran, name war

3. (c) Social Security No. ?

4. Sex Male

5. Color or race Col

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

6. (b) Name of husband or wife Mary Ford

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

7. Birth date of deceased Nov. (Month) 23 (Day) 1900 (Year)

8. AGE: Years 44 Months 1 Days 2 If less than one day hr. min.

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

10. Usual occupation Janitor

11. Industry or business

FATHER
12. Name John Ford
13. Birthplace (City, town, or county) Miss. (State or foreign country)

MOTHER
14. Maiden name Rosa Green
15. Birthplace (City, town, or county) Miss. (State or foreign country)

16. (a) Informant Mary Ford

(b) Address 4489 Washington

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-30-44 (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood

18. (a) Signature of funeral director McDowell

(b) Address 1711 N. Taylor Ave.

19. (a) DEC 30 1944 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 25th. year 1944 hour One minute 15 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.

Immediate cause of death Fracture Skull Subdural Hemorrhage of brain when he was struck with a board by party or parties unknown and found on the sidewalk in front of 3450 Lindell Boulevard. Ground. 1250 A.M. Dec. 25 1944

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 195

Major findings:
Of operations 40

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) Homicide

(b) Date of occurrence Dec 25, 1944

(c) Where did injury occur? St Louis Mo (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Sidewalk (Specify type of place)

While at work? (e) Means of injury As above

23. Signature Alfred J. Perry D.D.S. (M. D. or other)

Address Deputy Coroner Date signed 12-30-44

(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 William C. McDowell, Registered Apprentice No.....,

working under my personal supervision.

Signed William C. McDowell

Licensed Embalmer No. 2114

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.