

FILED JAN 25 1945
318

Registration District No.

Primary Registration District No. **1003**

Registrar's No. **349**

1. PLACE OF DEATH:

(a) County St. Louis, Missouri.
(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: City Infirmary
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 23 days
(Specify whether 0)
In this community 0
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 17
(d) Street No. 2815 Delmar
(If rural, give location) 919
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country American

3. (a) PRINT FULL NAME Mary Ford

3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex 3 Female 5. Color or race Colored 6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive. 2 years 1864 (Day) (Year)

8. AGE: Years 80 Months 5 Days 8 If less than one day hr. min.

9. Birthplace Union Co. Ark. (City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business none

12. Name Albert Cooper
13. Birthplace Arkansas (City, town, or county) (State or foreign country)
14. Maiden name Liza Ann
15. Birthplace Atlanta Ga. (City, town, or county) (State or foreign country)

16. (a) Informant Tommy Gunn
(b) Address 5800 Arsenal
17. (a) Burial (b) Date thereof 7-13-45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Father Dickson

18. (a) Signature of funeral director Ellis Funeral Home
(b) Address 2820 Stoddard St
19. (a) JAN 13 1945 J. F. Bredeek
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 10th
year 1945 hour 1:00 minute A.M.

21. I hereby certify that I attended the deceased from 93 _____, 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 Hypertensive Cardio-vascular disease Duration _____

Due to _____
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? _____
While at work? _____ (Specify type of place) (c) Means of injury _____
23. Signature J. F. Bredeek (M. D. or other) _____
Address 5800 Arsenal St. Date signed 1-10

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

MOTHER FATHER

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 Fulton E. Calkin

Licensed Embalmer No. 7198

P. O. Address 1215 Jones St. St. Louis 13, Mo.

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.