

FILED NOV 23 1945
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Primary Registration District No. 1003

Registrar's No. 9679

1. PLACE OF DEATH:

(a) County St Louis

(b) City or town St Louis mo

(c) Name of hospital or institution: St Marys Infirmary
(If outside city or town limits, write "RURAL" and name of township)
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County St Clair

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

(d) Street No. 1324 Colas Ave
(If rural, give location)

(e) If foreign born, how long in U. S. A? _____ years.

3. (a) PRINT FULL NAME Harold Ford

3. (b) If veteran, name war _____

3. (c) Social Security No. no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 6
year 1945 hour _____ minute 25 M.

4. Sex Male 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 Nov 5 1945
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Nov 5, 1945, to Nov 6, 1945;
that I last saw him alive on Nov 6, 1945;
and that death occurred on the date and hour stated above.

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

Immediate cause of death Anoxemia of Newborn

Due to Anoxemia of Newborn

9. Birthplace East St Louis Ill
(City, town, or county) (State or foreign country)

Due to _____

Other conditions (Include pregnancy within 3 months of death) 1/6/1

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name Virgil Ford

13. Birthplace Calico, Mo Miss 1
(City, town, or county) (State or foreign country)

14. Maiden name Carlton

15. Birthplace Jannita Brooks 1
(City, town, or county) (State or foreign country)

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant's own signature Jannita Ford

(b) Address 1324 Colas

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

17. (a) Removal (b) Date thereof Nov 8 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation East St Louis, Ill

(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? _____

18. (a) Signature of funeral director P. J. ...

(b) Address 1036 Tudor C St Louis Ill

(Specify type of place) _____

While at work _____ (e) Means of injury _____

19. (a) NOV 8 1945 (b) [Signature]
(Date received local registrar) (Registrar's signature)

23. Signature G. F. Woodson (M. D. or other) Med

Address 930 N 2nd St Date signed 11/9/45

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

Rev. 5-17-36 N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FORM 1 X10511

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, above space should be left blank.