

FILED APR 5 1946
318

State File No. _____

Registration District No. _____

Primary Registration District No. 1003

Registrar's No. 3014

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Homer G Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 month
(Specify whether years, months or days)
In this community 18 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2625 Pine
(If rural, give location)
(e) Citizen of foreign country? None (Yes or No)
If yes, name country None

3. (a) PRINT FULL NAME ELLEN FORD

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 25. Color or race Colored 6. (a) Single, widowed, married divorced Married

6. (b) Name of husband or wife Robert Luther Ford 6. (c) Age of husband or wife if alive 37 years

7. Birth date of deceased Aug. 8, 1894 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	51	7	18	hr. min.

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

10. Usual occupation Housewife

11. Industry or business None

12. Name Henry Glaspay

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

14. Maiden name Dolly White

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

16. (a) Informant Robert L Ford (b) Address 2625 Pine St

17. (a) Burial (b) Date thereof 4-1-1946 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park Cem.

18. (a) Signature of funeral director C. J. Mack

(b) Address 3847 Page Bldg.

19. (a) MAP 31 1946 (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 26 year 1946 hour 12 minute 45 P. M.

21. I hereby certify that I attended the deceased from 2-26-46 to 3-26-46 that I last saw her alive on 3-26 and that death occurred on the date and hour stated above.

Immediate cause of death: Acute Nephritis with Uremic Acidosis - Terminal
Due to: Chr Nephritis
Duration: 1 1/2

Other conditions: (Include pregnancy within 3 months of death)
Major findings: Of operations: No
Of autopsy: No
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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature Orion J. Ayer (M. D. or other) Address 2601 N. Whites Date signed 3/26/46

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
10039

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.....

James A. Hyatt....., Registered Apprentice No. *393*
working under my personal supervision.

Signed *C. J. Noel*.....

Licensed Embalmer No. *2432*.....

P. O. Address *3847 Page*.....

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.