

FILED MAR 30 1946 STANDARD CERTIFICATE OF DEATH

State File No. 11129

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 2710

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: 2837a Market 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community 25 YRS
years, months or days

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. 2837a Market
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Margaret Ford

3. (b) If veteran, name war
3. (c) Social Security No. 499-01-0367

4. Sex Female² Color or race Negro
6. (a) Single, widowed, married, divorced widowed

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

7. Birth date of deceased March 19 1904
(Month) (Day) (Year)

8. AGE: Years 41 Months 11 Days 28
If less than one day hr. min.

9. Birthplace Denison Texas
(City, town, or county) (State or foreign country)

10. Usual occupation Janstress

11. Industry or business Boatman Bank

12. Name Robert Russell

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

14. Maiden name Millie Reed

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

16. (a) Informant Dolores Dent

(b) Address 2837a Market

17. (a) Burial (b) Date thereof 3-25-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Arthur Bros. & Co

(b) Address 3644 Finney

19. (a) MAR 22 1946 (b) J. F. Burchard
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 18
year 1946 hour 2 minute A M.

21. I hereby certify that I attended the deceased from 3/15 1946 to 3/18 1946
that I last saw her alive on 3/18 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Acute myocarditis 3 days
Cause not known

Due to -

Due to -

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

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)

(e) Means of injury

23. Signature Langdon Payne (M. D. or other)

Address 3146 Col. Leland Date signed 3/20

Duration

3 days

Cause not known

PHYSICIAN

Underline the cause to which death should be charged statistically.

3 days

Cause not known

3/15 1946 to 3/18 1946

3/18 1946

Acute myocarditis

3 days

Cause not known

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

10041

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..... *Rouis V. Atkins*

Licensed Embalmer No. *2842*

P. O. Address *3644 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.