

S. No. 2  
-12-45  
5-17-39  
PI X47070

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

34588

State File No. \_\_\_\_\_

**FILED NOV 8 1946**  
Registration District No. 316

Primary Registration District No. 6075

Registrar's No. 339

1. PLACE OF DEATH:

(a) County St. Francois

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

(c) Name of hospital or institution:  
Missouri State Hospital No. 4 2  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 yrs. 2 mos. 11  
(Specify whether years, months or days)

In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 94

(c) City or town Clayton  
(If outside city or town limits, write "RURAL")

(d) Street No. 71 Aberdeen Place,  
City St. Louis  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME SAMUEL J. FORD

3. (b) If veteran, name war No

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 22  
year 1946 hour 12 minute 10 P. M.

21. I hereby certify that I attended the deceased from  
August 11, 1946 19   to Oct. 22, 1946 19  ;  
that I last saw him alive on Oct. 22, 1946  
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Edna Schreier

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

7. Birth date of deceased October 21, 1878  
(Month) (Day) (Year)

Immediate cause of death

Carcinoma - general metastasis - Colostomy for carcinoma of descending colon 5 yrs ago

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death)

Arteriosclerosis, psychoses with cerebral

Duration 3 yrs.

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

68 0 1 hr. \_\_\_\_\_ min.

9. Birthplace Marine Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Policeman

11. Industry or business of the St. Louis force.

12. Name Michael Ford

13. Birthplace Ireland 4  
(City, town, or county) (State or foreign country)

14. Maiden name Della Mahion

15. Birthplace Unknown 4  
(City, town, or county) (State or foreign country)

16. (a) Informant Records State Hospital No. 4

(b) Address Farmington, Missouri

17. (a) Burial (b) Date thereof 10-24-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Calvary Cem., Farmington, Mo.

18. (a) Signature of funeral director Miller Funeral Home

(b) Address Farmington, Missouri

19. (a) 10-26-46 (b) Ethel Rudloff  
(Date received local registrar) (Registrar's signature)

Major findings: H&F

Of operations \_\_\_\_\_

Of autopsy No 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? \_\_\_\_\_

(Specify type of place)

While at work? \_\_\_\_\_ Means of injury \_\_\_\_\_

23. Signature Samuel J. Ford (M. D. or other) \_\_\_\_\_

Address Farmington Date signed 10 22 46

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

MOTHER FATHER

289

(Licensed Embalmer's Statement on Reverse Side)

PHYSICIAN  
Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 4  
District File Number 1146-2831  
Date Filed 11-2-46

NOV 19 1946

**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 *Paul Dugal*

Licensed Embalmer No. 4120

P. O. Address Larminston 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.**