

No. 2  
-12-45  
5-17-39  
I X47070

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

FILED DEC 1946  
Registration District No. **318**

Primary Registration District No. **1002**

Registrar's No. **40144**

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:  
St. Ann's Home 5301 Page Blvd. 5  
(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)

3. (a) PRINT FULL NAME Mary Ford

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female 5. Color or race White

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 June 26 1862  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>84</u>	<u>5</u>	<u>0</u>	hr. min.

9. Birthplace Randolph Mass.  
(City, town, or county) (State or foreign country)

10. Usual occupation Nil

11. Industry or business.....

12. Name John Ford

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

14. Maiden name Ann Mc. Mahon

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

16. (a) Informant Mrs. Ben Weidle

(b) Address 3953 Cottage Ave.

17. (a) Burial (b) Date thereof 11-28-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Cullinane Bros.

(b) Address 3320 N. Kingshighway Blvd.

19. (a) NOV 27 1946 (b) J. F. Breda  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

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

(d) Street No. 5301 Page Blvd.  
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 26  
year 1946 hour 3 minute 30 a. m.

21. I hereby certify that I attended the deceased from Nov 17 1946 to Nov 26 1946  
that I last saw h. he alive on Nov 25 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Chole. cystitis Duration 1 yr.

Due to.....

Due to.....

Other conditions 127  
(Include pregnancy within 3 months of death)

Major findings: Of operations no.

Of autopsy no

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 John Langan (M. D. or other) 0  
Address 5808 Phyllis Ave Date signed Nov 26/46

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

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**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.....

*Fred Frick*

Licensed Embalmer No. 3186

P. O. Address...St. Louis, 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.**