

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 25 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15075

State File No. _____

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **2902**

1. PLACE OF DEATH:

(a) County _____
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Peoples Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify, whether
in this community **50 years**
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. **4419 Aldine Ave.**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Apr.** day **12th**
year **1947** hour _____ minute **55** A.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death **Severely fractured right femur**
following being struck by a bus
driven by one Charles Washington
at the intersection of Newstead
and Aldine boulevards 9:00 A.M. on
4-12-47

Due to **4-12-47**
Other conditions _____
(Include pregnancy within 6 months of death)

Major findings:
Of operations _____
Of autopsy _____

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

3. (a) PRINT FULL NAME **LAFAYETTE FORD**

3. (b) If veteran, name war. **--** 3. (c) Social Security No. **579-22-3767**

4. Sex **Male** 2. Color or race **C**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Florence** 6. (c) Age of husband or wife if alive **58** years
7. Birth date of deceased **Feb. 2 1874**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	73	2	10	hr. _____ min. _____

9. Birthplace **Okalona Miss.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired postal clerk**

11. Industry or business **--**

12. Name **James Ford**
13. Birthplace **Unavailable**
(City, town, or county) (State or foreign country)
14. Maiden name **Doleshie White**
15. Birthplace **Unavailable Miss.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Florence Ford**
(b) Address **4419 Aldine Av.**

17. (a) **Burial** (b) Date thereof **4-17-47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Washington Park**

18. (a) Signature of funeral director **Chas. J. Gates**

(b) Address **4107 Finney Ave.**

19. (a) **APR 15 1947** (Date received local registrar)
J. F. Bredeek (Registrar's signature)

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

(a) Accident, suicide, or homicide (specify) **Accident**
(b) Date of occurrence **April 4 1947**
(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?
Suburban

(Specify type of place) _____
While at work? _____ (c) Means of injury **car**

23. Signature **Frank E. Ely** (M. D. or other) **Dayton**
Address **1300 Clark** Date signed _____

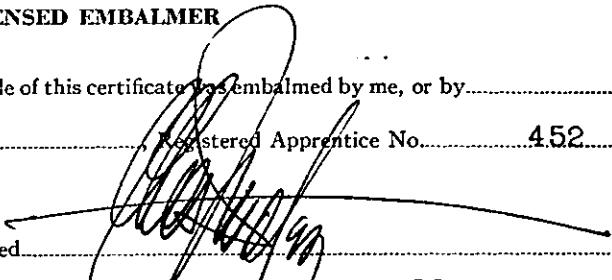
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....

..... John Cunningham Registered Apprentice No. 452
working under my personal supervision.

Signed..... 

..... Licensed Embalmer No. 1825

..... P. O. Address 4107 Finney Ave.

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.