S. No. 2
M—1/47
r. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 22 1947

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 43025

Registrar's No. 11085

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis, Missouri.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution St. Louis City Hospital-Max C. Starkloff Memorial
(If not in hospital or institution, write street-number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

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. 3980 Bingham
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME DEXTER FORD
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Adele Ford
6. (c) Age of husband or wife if alive years
7. Birth date of deceased January (Month) 6 (Day) 1888 (Year)

8. AGE: Years 59 Months 10 Days 25 If less than one day hr. min.

9. Birthplace Fulton (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Truck driver
11. Industry or business

FATHER
12. Name W. C. Ford
13. Birthplace Mo. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Belle (unknown)
15. Birthplace Ohio (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Adele Ford
(b) Address 3980 Bingham
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 12-5-47 (Month) (Day) (Year)
(c) Place: burial or cremation Parklawn Cemetery
18. (a) Signature of funeral director Southern Funeral Home
(b) Address 6322 S. Grand Blvd.
19. (a) DEC 3 - 1947 (Date received local registrar) (b) J. T. Bradeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 3rd year 1947 hour 8 minute 35 P. M.
21. I hereby certify that I attended the deceased from 11/4/47, 19..., to Dec. 3rd, 19 47 that I last saw him alive on Dec. 3rd, 19 47 and that death occurred on the date and hour stated above.

Immediate cause of death Adenocarcinoma of the Gallbladder
Due to Metastases
Due to
Other conditions (Include pregnancy within 3 months of death)

Duration

Major findings:
Of operations same
Of autopsy same

PHYSICIAN
Underline the cause of 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? (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? (e) Nature of injury

23. Signature M. Wallen M.D. (M. D. or other)
Address 1515 Lafayette Date signed 12/3/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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: J. Wm Bunkley

Licensed Embalmer No. 3657

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.