No. 300
10-48

FILED FEB 23 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6170

State File No. 1003

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. _____ Registrar's No. 1035

247
NR

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

1. PLACE OF DEATH
a. COUNTY: S
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
c. LENGTH OF STAY (in this place): 71 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mo. Baptist Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Jefferson 75
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): De Soto
d. STREET ADDRESS (If rural, give location): 210 So. 5th St.

3. NAME OF DECEASED (Type or Print)
a. (First): Marie
b. (Middle): Louise
c. (Last): Ford

4. DATE OF DEATH (Month) (Day) (Year): Feb 2 1949

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Jan. 9 - 1873
9. AGE (In years last birthday): 76 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Self
11. BIRTHPLACE (State or foreign country): Franklyn Co. Mo
12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME: Felix Roussin
13b. MOTHER'S MAIDEN NAME: Cora Roche
14. NAME OF HUSBAND OR WIFE: Dr. David Ford

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Miss. Alice O'Farrel

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Arteriosclerosis —

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Senility — Generalized Arteriosclerosis
DUE TO (c): Fr. Neck of Femur

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: Fr. Neck of Femur Left Nov 21-1948

INTERVAL BETWEEN ONSET AND DEATH: 4 / 8 / 8

19a. DATE OF OPERATION: 11/24/48
19b. MAJOR FINDINGS OF OPERATION: Fr. Neck Left Femur
O.K. Joseph W. Quinn Deputy Coroner 2/2/49
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT (Specify) SUICIDE HOMICIDE
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): De Soto Missouri
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Nov. 21 1948 m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Fell on stairs in home 50

22. I hereby certify that I attended the deceased from 11/23, 1948, to 2/2, 1949, that I last saw the deceased alive on 2/2, 1949, and that death occurred at 5:25 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title): [signature] M.D.
23b. ADDRESS: St. Louis Mo. 845 Missouri Theatre Bldg.
23c. DATE SIGNED: 2/2/49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Feb 4
24c. NAME OF CEMETERY OR CREMATORY: Horine
24d. LOCATION (City, town, or county) (State): Richwoods Mo.

DATE REC'D BY LOCAL REGISTRAR: FEB 3 1949
REGISTRAR'S SIGNATURE: J. B. Lasater
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: J. Lee Mathershead De Soto, Mo.

FEB 3

(Licensed Embalmer's Statement on Reverse Side)

DEC 7 1949

1035

MAR 19 1958

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 Andrew H. Langland, Student Embalmer No. 232, working under my personal supervision.

Student .....
Student Embalmer

Signed J. Lee Mathurshead

Licensed Embalmer No. 3531

P. O. Address De Soto, 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.