

FILED APR 1 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10043

State File No. 1003
Registrar's No. 2607

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH
a. COUNTY _____
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis
c. LENGTH OF STAY AT THIS PLACE _____
d. FULL NAME OF HOSPITAL OR INSTITUTION Biltmore Hotel

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission.)
a. STATE Mo b. COUNTY St. Louis
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ladue
d. STREET ADDRESS (If rural, give location) 4 Yellow Hill Rd

3. NAME OF DECEASED
a. (First) John b. (Middle) Curtis c. (Last) Ford
(Type or Print)

4. DATE OF DEATH (Month) (Day) (Year) 3-20-1949
5. SEX Male **6. COLOR OR RACE** White **7. MARRIED-NEVER MARRIED, WIDOWED, DIVORCED (Specify)** M. **8. DATE OF BIRTH** Aug. 4-1880 **9. AGE** (In years last birthday) 69 **IF UNDER 1 YEAR** (Month) (Day) (Year) 5/16 **IF UNDER 4 HRS.** (Hour) (Min.) _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired **10b. KIND OF BUSINESS OR INDUSTRY** Retired **11. BIRTH PLACE** (State or foreign country) Penn **12. CITIZEN OF WHAT COUNTRY?** U.S.A.

13a. FATHER'S NAME Walter Ford **13b. MOTHER'S MAIDEN NAME** Jennie Smith **14. NAME OF HUSBAND OR WIFE** Roberta Flann Ford

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) _____ **16. SOCIAL SECURITY NO.** no **17. INFORMANT'S SIGNATURE OR NAME** John S. Ford **ADDRESS** 4 Yellow Hill Rd

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis **INTERVAL BETWEEN ONSET AND DEATH** 1 day
ANTECEDENT CAUSES
DUE TO (b) Arteriosclerosis years
DUE TO (c) Hypertension years
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. _____

19a. DATE OF OPERATION _____ **19b. MAJOR FINDINGS OF OPERATION** 4/20/1 **20. AUTOPSY?** YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____ **21b. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ **21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)** _____

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ **21e. INJURY OCCURRED WHILE AT WORK** NOT WHILE AT WORK **21f. HOW DID INJURY OCCUR?** _____

22. I hereby certify that I attended the deceased from _____, 1949 to 3/20, 1949 that I last saw the deceased alive on 3/20, 1949 and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Edward Masse M.D. **23b. ADDRESS** 607 N. Grand **23c. DATE SIGNED** 3/20/49

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial **24b. DATE** 3-23-49 **24c. NAME OF CEMETERY OR CREMATORY** Calvary **24d. LOCATION** (City, town, or county) (State) St. Louis MO

DATE REC'D BY LOCAL REG. MAR 23 1949 **REGISTRAR'S SIGNATURE** J. B. Jasater **5. FUNERAL DIRECTOR'S SIGNATURE** Louis H. Bopp Inc **ADDRESS** Winkwood Mo

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

no 17
NR

2092

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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *Peter B. Dubrouillet*

Licensed Embalmer No. *3691*

P. O. Address *Richmond Heights, 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.