

FEB OCT 21 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

36368

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **9140**

|   |   |  |  |  |   |
|---|---|--|--|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY  |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE<br><b>Missouri</b><br>b. COUNTY |  |   |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN <b>St. Louis</b>   |   | c. LENGTH OF STAY (in this place)<br><b>Life</b>   | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN <b>St. Louis</b>                                |  | <b>2239</b>                                       |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><b>St. Louis City Hospital</b>   |   |  | d. STREET ADDRESS (If rural, give location)<br><b>1719 So. 8th St.</b>   |  |   |
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First)<br><b>EUGENE</b>   |   | b. (Middle)<br><b>ERNEST</b>   | c. (Last)<br><b>FORD</b>   | 4. DATE OF DEATH (Month) (Day) (Year)<br><b>Sept. 29, 1952</b>                     |   |
| 5. SEX<br><b>Male</b>   | 6. COLOR OR RACE<br><b>White</b>  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Married</b>   | 8. DATE OF BIRTH<br><b>January 15, 1928</b>  | 9. AGE (In years) (by birthday)<br><b>24</b>                                       | IF UNDER 1 YEAR<br>Months <b>8</b> Days <b>14</b> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Tuckpointer</b>   |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Construction</b>   | 11. BIRTHPLACE (City and State of Foreign Country)<br><b>St. Louis, Mo.</b>  |  | 12. CITIZEN OF WHAT COUNTRY?<br><b>USA</b>        |
| 13a. FATHER'S NAME<br><b>William Ford</b>   |   | 13b. MOTHER'S MAIDEN NAME<br><b>Clara Geitz</b>  | 14. NAME OF HUSBAND OR WIFE<br><b>Margaret Ford</b>  |  |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>NO</b>   |   | 16. SOCIAL SECURITY NO.<br><b>Yes</b>  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><b>Margaret Ford, 1719 So. 8th St., St. Louis, Mo.</b>                                |  |   |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)<br><b>Comminuted fracture of skull.</b><br><b>Laceration of brain surface</b><br><b>Disruption the ring of vertebrae</b><br><b>Disrupted and causing him to fall to concrete sidewalk</b><br>II. OTHER SIGNIFICANT CONDITIONS<br><b>fall to concrete sidewalk below at 6066 Maple Ave</b> |  |  |  | INTERVAL BETWEEN ONSET AND DEATH                  |
| 19a. DATE OF OPERATION  | 19b. MAJOR FINDINGS OF OPERATION<br><b>around 125 pm Sept 29 1952.</b><br><b>Accident</b>   |  |  | 20. AUTOPSY<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |   |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify)<br><b>Accident</b>   | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)<br><b>Street</b>   | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)<br><b>St. Louis Mo 000</b>   |  | 21f. HOW DID INJURY OCCUR<br><b>E9010</b>  |   |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour)<br><b>Sept 29 52 1:30 p.m.</b>  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  | 22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <b>1:51 p.m.</b> , from the causes and on the date stated above. <b>21</b> |  |  |   |
| 22a. SIGNATURE (Degree or title)<br><b>Patricia E. Taylor Coroner</b>   |   | 23b. ADDRESS<br><b>1300 Clark</b>  | 23c. DATE SIGNED<br><b>10.2.52</b>   |  |   |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Removal</b>   | 24b. DATE<br><b>Oct. 3, 1952</b>  | 24c. NAME OF CEMETERY OR CREMATORY<br><b>Laurel Hills Gardens</b>  | 24d. LOCATION (City, town, or county) (State)<br><b>St. Louis County, Mo.</b>  |  |   |
| DATE REC'D BY LOCAL REG.<br><b>OCT 2 1952</b>   | REGISTRAR'S SIGNATURE<br><b>J. Carl Smith MD</b>  |  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br><b>McLaughlin Funeral Home, 2301 Lafayette St. Louis, Mo.</b>                          |  |   |

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

**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 James R. Chapman

Licensed Embalmer No. 4550

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.