

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9579**
2273

FILED MAR 31 1955 BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI		b. COUNTY
b. CITY (If outside corporate limits, write RURAL and give township) ST LOUIS,		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN ST LOUIS,	
d. FULL NAME OF HOSPITAL OR INSTITUTION CHRISTIAN HOSPITAL		e. STREET ADDRESS (If rural, give location) 4561 DURANT AVE		

3. NAME OF DECEASED (Type or Print) HUGH FORD			4. DATE OF DEATH MARCH 10, 1955	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 12/28/1883	9. AGE (In years last birthday) 71
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED FIREMAN		10b. KIND OF BUSINESS OR INDUSTRY CITY OF ST LOUIS,	11. BIRTHPLACE (City and State or Foreign Country) IRELAND	12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME UNKNOWN	13b. MOTHER'S MAIDEN NAME ELLEN BRENNEN	14. NAME OF HUSBAND OR WIFE ELLEN 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 ELLEN FORD
		ADDRESS 4561 DURANT AVE

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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		Arteriosclerotic heart disease		1 yr.
ANTECEDENT CAUSES		Cardiac failure		
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b)		1 yr. 1 week
		DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS		Carcinoma of bladder		
Conditions contributing to the death but not related to the disease or condition causing death.		Pneumonia		

19a. DATE OF OPERATION 3-5-55	19b. MAJOR FINDINGS OF OPERATION Infiltrating carcinoma of bladder	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 181X

22. I hereby certify that I attended the deceased from **3-2-55**, 19**55**, to **3-10-55**, 19**55**, that I last saw the deceased alive on **3-10-55**, 19**55**, and that death occurred at **9:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE <i>Carl Smith</i> M.D.	23b. ADDRESS 607 N. Grand, St. Louis 3, Mo.	23c. DATE SIGNED 3-11-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 3/14/55	24c. NAME OF CEMETERY OR CREMATORY CALVARY CEMETERY	24d. LOCATION (City, town, or county) (State) ST LOUIS MISSOURI
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DATE REC'D BY LOCAL REG. MAR 12 1955	REGISTRAR'S SIGNATURE <i>Carl Smith</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Stroot</i>	ADDRESS STROOT - CARROLL 4600 NATURAL BRIDGE AVE
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(Licensed Embalmer's Statement on Reverse Side)

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.....
Signature of Student Embalmer

Signed *M W Rueter*

Licensed Embalmer No. *486*

P. O. Address *St Louis*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.