

FILED SEP 9 1957 STANDARD CERTIFICATE OF DEATH

State File No. 29444
Registrar's No. 5509

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 5509									
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution? residence before death.) a. STATE Mo.				b. COUNTY St. Louis							
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo.				c. LENGTH OF STAY (in this place) _____				c. CITY OR TOWN Overland 14							
d. FULL NAME OF HOSPITAL OR INSTITUTION 32 St. Lukes Hospital				e. STREET ADDRESS (If rural, give location) 27 1705 Dyer				d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>							
3. NAME OF DECEASED (Type or Print) Infant				a. (First) _____ b. (Middle) _____ c. (Last) Ford				4. DATE OF DEATH (Month) (Day) (Year) May 10 57							
5. SEX Female		6. COLOR OR RACE White		7. MARRIED-NEVER MARRIED/ WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH May-9-57		9. AGE (In years last birthday) _____		IF UNDER 1 YEAR Months _____		IF UNDER 1 HR. Hours _____		IF UNDER 1 MIN. Min. 13 20	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)				10b. KIND OF BUSINESS OR INDUSTRY _____				11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.				12. CITIZEN OF WHAT COUNTRY? _____			
13a. FATHER'S NAME Clyde Henry Ford				13b. MOTHER'S MAIDEN NAME Dollie Krill				14. NAME OF HUSBAND OR WIFE _____							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ (If yes, give war or date of service)				16. SOCIAL SECURITY NO. _____				17. INFORMANT'S SIGNATURE OR NAME Mr. Clyde H. Ford, 1705 Dyer, Overland				ADDRESS _____			
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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity - 20 wks gestation ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) (Spontaneous labor with placenta) (Regular heart beat - no respiration) DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								INTERVAL BETWEEN ONSET AND DEATH _____			
19a. DATE OF OPERATION _____				19b. MAJOR FINDINGS OF OPERATION 776x				20. AUTOPSY? 2 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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____											
22. I hereby certify that I attended the deceased from May 9, 1957, to May 10, 1957, that I last saw the deceased alive on May 10, 1957, and that death occurred at 9:30 P.M., from the causes and on the date stated above.															
23a. SIGNATURE (Degree or title) Wm. S. Loeffel MD				23b. ADDRESS 3720 Washington Ave				23c. DATE SIGNED 5-11-57							
24a. BURIAL, CREMATION, REMOVAL (Specify) Removed		24b. DATE 6-29-57		24c. NAME OF CEMETERY OR CREMATORY Anatomical Board		24d. LOCATION (City, town, or county) St. Louis, Mo.		(State) _____							
DATE REC'D BY LOCAL REGS. JUN 13 57		REGISTRAR'S SIGNATURE [Signature]				25. FUNERAL DIRECTOR'S SIGNATURE [Signature]				ADDRESS 404 Manchester					

BABY
FORD

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

Licensed Embalmer No.

P. O. Address

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.