FILED FEB 17 1958

THE DIVISION OF HEALTH OF MISSOURI 2932-58

STANDARD CERTIFICATE OF DEATH

58-006865
STATE FILE NUMBER

Registration District No. 310 Primary Registration District No. 3058 Registrar's No. 41

1. PLACE OF DEATH
a. COUNTY Saint Charles
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Saint-Charles. twsp. Inside Limits Yes ☐ No ☒
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St.Joseph's Hosp. Length of stay in 1b DOA

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY St.Charles
c. CITY OR TOWN Rural-St.Chas. twsp. Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) No. River Road Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: William Middle: Teddy Last: Ford
4. DATE OF DEATH Month Feb. Day 14 Year 1958
5. SEX Male
6. COLOR OR RACE White
7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH Jan. 1, 1958
9. AGE (In years last birthday) 0 IF UNDER 1 YEAR Months 1 Days 13 IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (City and state or country) Saint Charles, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Tilmon Ford
13b. MOTHER'S MAIDEN NAME Iva Goodman
14. NAME OF HUSBAND OR WIFE None
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. None
17. INFORMANT Tilmon Ford, St.Charles Co., Mo. Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Acute broncho-pneumonia, advanced — INTERVAL BETWEEN ONSET AND DEATH less than 24 hrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 491X
19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from _____, to _____ and last saw her/him alive on _____
Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.
22a. SIGNATURE John R. Roberts (Degree or title) MD
22b. ADDRESS 100 No Euclid St Louis Mo
22c. DATE SIGNED 2/14/58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Feb.16,1958
23c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery
23d. LOCATION (City, town, or county) Saint Charles, Mo. (State)
24. FUNERAL DIRECTOR H.C.Dallmeyer & Sons, St.Charles, Mo. ADDRESS
25. DATE RECD. BY LOCAL REG. FEB 14 58
26. REGISTRAR'S SIGNATURE Marcella Wilson

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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.