

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-011615  
STATE FILE NUMBER

FILED APR 15 1958

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

3477

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY. <i>St. Louis</i>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN BEL RIDGE <i>4180</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>16 MISSOURI BAPTIST</i>		Length of stay in lb <i>4 DAYS</i>	d. STREET ADDRESS (If outside, give location) <i>27 3120 MAYBELLE</i>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <i>EDWARD FREDERICK FORD</i>			4. DATE OF DEATH Month Day Year <i>MARCH 25, 1958</i>		
5. SEX <i>MALE 0</i>	6. COLOR OR RACE <i>WHITE</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>JUNE 17, 1900</i>		9. AGE (In years last birthday) <i>57</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>INSPECTOR</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>RAILROAD</i>	11. BIRTHPLACE (City and state or country) <i>SPRINGFIELD, ILLINOIS /</i>		12. CITIZEN OF WHAT COUNTRY? <i>U S A</i>
13a. FATHER'S NAME <i>JOHN FORD</i>		13b. MOTHER'S MAIDEN NAME <i>CATHERINE ROCK</i>		14. NAME OF HUSBAND OR WIFE <i>INEZ FORD</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>NO</i>		16. SOCIAL SECURITY NO. <i>702-05-1037</i>		17. INFORMANT Address <i>INEZ FORD 3120 MAYBELLE</i>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Cardiac decompensation</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <i>Arteriosclerotic heart disease</i> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>420.0</i>					INTERVAL BETWEEN ONSET AND DEATH <i>6 mo</i> <i>6 y</i>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <i>1</i>		
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
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 <i>1951</i> to <i>3-25-58</i> and last saw her alive on <i>3-24-58</i> Death occurred at <i>St. Louis, Mo</i> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <i>V. O. Fish M.D.</i>			22b. ADDRESS <i>634 N. Grand St. St. Louis</i>		22c. DATE SIGNED <i>3-25-58</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>		23b. DATE <i>MARCH 28, 1958</i>	23c. NAME OF CEMETERY OR CREMATORY <i>CALVARY CEMETERY</i>		23d. LOCATION (City, town, or county) (State) <i>ST. LOUIS, MISSOURI</i>
24. FUNERAL DIRECTOR ADDRESS <i>STROOT CARROLL 4600 NATURAL BRIDGE</i>			25. DATE RECD. BY LOCAL REG. <i>MAR 26 '58</i>		26. REGISTRAR'S SIGNATURE <i>J. Carl Smith Mo</i> <i>mlb.</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in this section. All diseases in Part I must be causally related.

DR FISH  
MO. THEATER BLDG.  
TUE 1:30 - 5:30  
WED. 1:00 - 3:30

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. 4865  
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.