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FILED APR 9 1958

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-011616
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3689

1. PLACE OF DEATH
a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis — Inside Limits Yes ☐ No ☐

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 01 2541 Umiversity — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY 2209

c. CITY OR TOWN St. Louis — Inside Limits Yes ☐ No ☐ 10

d. STREET ADDRESS (If outside, give location) 20 2541 University St. — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First Richard Middle J. Last Ford

4. DATE OF DEATH Month 3 Day 30 Year 58

5. SEX M 0

6. COLOR OR RACE W

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED XX DIVORCED ☐ 2

8. DATE OF BIRTH March 8 1891

9. AGE (In years last birthday) 67 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Water Dept.

10b. KIND OF BUSINESS OR INDUSTRY St. L. City Dept.

11. BIRTHPLACE (City and state or country) St. Louis Mo. 0

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Richard Ford

13b. MOTHER'S MAIDEN NAME Eliaabeth Harris

14. NAME OF HUSBAND OR WIFE Jeanette Ford

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Yes. (If yes, give war or dates of service) W.W. I

16. SOCIAL SECURITY NO. 490-12-3232

17. INFORMANT Margaret Murray Address 2539 Universitys

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) Coronary Thrombosis.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Diabetes Mellitus
DUE TO (c) Chronic Arteriosclerosis
INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) — 260+

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.) — 2

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 Sept. 1957, to March 30-58 and last saw him alive on March 24-58.
Death occurred at 3 P m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) A H Jost. MD. 0

22b. ADDRESS 3700 N Grand

22c. DATE SIGNED 4/1/58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 4/2/58

23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery

23d. LOCATION (City, town, or county) St. Louis (State) Mo.

24. FUNERAL DIRECTOR Robert D. Kinealy ADDRESS 2228 St. Louis Ave.

25. DATE RECD. BY LOCAL REG. APR 1 '58

26. REGISTRAR'S SIGNATURE J Carl Smith MD
MBS.

(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 Homer W. Hoity

Licensed Embalmer No. 3882

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.