

OURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-51-042402

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

10908

STATE FILE NUMBER

FILE - DEC 12 1961

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo.</i> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>St. Louis</i>		Length of stay in 1b	c. CITY OR TOWN <i>St. Louis</i>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>5334 MAFFITT</i>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <i>5334 MAFFITT</i>
3. NAME OF DECEASED (Type or print) <i>Delbert</i> First <i>FORD</i> Middle Last		4. DATE OF DEATH Month <i>11</i> - Day <i>22</i> - Year <i>61</i>	

5. SEX <i>Male</i>	6. COLOR OR RACE <i>Negro</i>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>9-6-61</i>	9. AGE (last birthday)	IF UNDER 1 YEAR Months <i>2</i> Days	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>None</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>None</i>		11. BIRTHPLACE (City and state or country) <i>St. Louis, MO.</i>		12. CITIZEN OF WHAT COUNTRY
13a. FATHER'S NAME <i>Percy Ford Jr</i>		13b. MOTHER'S MAIDEN NAME <i>Annie M. Ford</i>		14. NAME OF HUSBAND OR WIFE <i>None</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>NO</i>		17. INFORMANT <i>Annie M. Ford</i> Address <i>5334 MAFFITT</i>		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <i>Suffocation;</i>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <i>When found in bed in home on or about</i>	
	DUE TO (c) <i>November 21, 1961.</i>	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not included in the above disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <i>See above</i>
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20c. TIME OF INJURY Hour <i>?</i> s.m. <i>?</i> p.m. <i>?</i>	Month, Day, Year <i>11-21-61</i>
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20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>06 Home</i>	20f. CITY, TOWN, OR LOCATION <i>St Louis, Mo</i>	COUNTY	STATE
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21. I attended the deceased from _____ to _____ and last saw her/him alive on _____
Death occurred at *115A* m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>Helen L. Taylor</i> (Degree or title) <i>Coroner</i>	22b. ADDRESS <i>1300 Clark Ave.</i>	22c. DATE SIGNED <i>11-24-61</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>	23b. DATE <i>11-24-61</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Greenwood</i>	23d. LOCATION (City, town, or county) (State) <i>St. Louis, MO</i>
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24. FUNERAL DIRECTOR <i>J. McCleendon</i> ADDRESS <i>4535 Washington</i>	25. DATE RECD. BY LOCAL REG. <i>NOV 24 1961</i>	26. REGISTRAR'S SIGNATURE <i>Earl Smith, M.D.</i>
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DOCUMENT

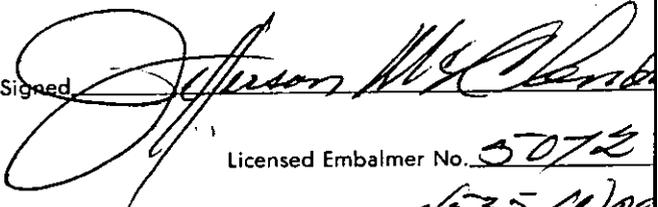
MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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. 5072

P. O. Address 4535 W. 9th

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.