

Registration District

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: City Hospital, #1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 5 Days  
(Specify whether  
In this community  
years, months or days)

3. (a) PRINT FULL NAME Sarah Ford  
3. (b) If veteran, name war None  
3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Charles E. Ford 6. (c) Age of husband or wife if alive 2 years  
7. Birth date of deceased February 2, 1861  
(Month) (Day) (Year)

8. AGE: Years 79 Months 4 Days 4  
If less than one day  
hr. min.

9. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER { 12. Name William C. Dale  
13. Birthplace England  
(City, town, or county) (State or foreign country)  
MOTHER { 14. Maiden name Elizabeth Gardner  
15. Birthplace England  
(City, town, or county) (State or foreign country)

16. (a) Informant Charles E. Ford Jr.  
(b) Address 3771 a Carter Avenue

17. (a) Burial (b) Date thereof June 8, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cem.

18. (a) Signature of funeral director Shepard Funeral Home  
(b) Address 1167 Hamilton Avenue.

19. JUN 6 1940 (b) [Signature]  
(Dated received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3771 a Carter Avenue  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. 7 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 6,  
year 1940 hour 12:20 minute A. M.

21. I hereby certify that I attended the deceased from June 2, 1940 to June 6, 1940,  
that I last saw her alive on June 6, 1940,  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis

Due to Arteriosclerosis

Due to [Signature]

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations [Signature]

Of autopsy [Signature]

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury [Signature]

23. Signature [Signature] (M. D. or other)

Address 1515 Lafayette Date signed 6/6/40

**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.....

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed.....

*Albert G. Kappeler*

Licensed Embalmer No. 2971

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 this body is not embalmed, above space should be left blank.**