REC'D DEC 12 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

37499
Do not use this space.

1. PLACE OF DEATH
(a) County ..... Registration District No. 791
(b) Township ..... Primary Registration District No. 1003 Registered No. 9826
(c) City St Louis Mo (d) Street No. Homer G. Phillips Hospital. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 636 Lewis Ford
(a) Residence, No. 411 South Leffingwell St. 22
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE Col
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 22 1910
7. AGE YEARS 28 MONTHS 7 DAYS 17 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. Labor
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Festus Mo

FATHER
13. NAME George Ford
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Festus Mo

MOTHER
15. MAIDEN NAME Laura Woodson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Festus Mo

17. INFORMANT (ADDRESS) Myrtle Hazewood 2613 Adams
18. BURIAL, CREMATION, OR REMOVAL PLACE Greenwood DATE 11-16 1938
19. FUNERAL DIRECTOR (ADDRESS) Pinkie L Toney 3129 Lucas ave
20. FILED NOV 14 1938 J F Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 9, 1938
22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 4 P.m.
The principal cause of death and related causes of importance were as follows:
Haemorrhage due to stab wound in abdomen, contrib: Acute Peritonitis Septic Pneumonia, suffered when stabbed with knife in the hands of one Luther Bright, col., in front of about 2732 Market Str. about 10:40 P.M., October 31, 1938. WHETHER JUSTIFIABLE OR HOMICIDAL COULD NOT BE DETERMINED.
Date of onset
Other contributory causes of importance:
195
Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? yes
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Pen Date of injury Oct. 31 1938
Where did injury occur? St. Louis, Mo.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. public place
Manner of injury see above
Nature of injury " "
24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) Joseph M. Lyons, M.D.
(Address) Deputy Coroner

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.
I X12004

Em blank signed
CF

STATEMENT BY LICENSED EMBALMER

I, ..., Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

.....L. E.....

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.)