. No. 2
-11-10-39
5-17-39
I X21492

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 20529

Registration District No. 791 FILED JUL 17 1940 Primary Registration District No. 1003 Registrar's No. 5477

1. PLACE OF DEATH:

(a) County 2

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 919 N. Pendleton Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community about 36 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town Saint Louis 11
(If outside city or town limits write "RURAL")

(d) Street No. 919 N. Pendleton Ave.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Annie Young Ford 63

3. (b) If veteran, name war ---------

3. (c) Social Security No. ---------

4. Sex Female

5. Color or race Colored

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Elick Ford

6. (c) Age of husband or wife if alive years

7. Birth date of deceased April 1st. 1872
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
68	2	24	hr. min.

9. Birthplace Bolivar Tennessee
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business --

FATHER
12. Name George Young
13. Birthplace Unavailable Tennessee
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Sallie unavailable
15. Birthplace Bolivar Tennessee
(City, town, or county) (State or foreign country)

16. (a) Informant Sallie Jones
(b) Address 919 N. Pendleton Ave.

17. (a) Burial (b) Date thereof 6/28/40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park Cem.

18. (a) Signature of funeral director Chas J Gates
(b) Address 4107 Finney Ave.

19. (a) JUN 26 1940 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 25th.
year 1940 hour minute 1 a. M.

21. I hereby certify that I attended the deceased from , 1940, to June 24th., 1940
that I last saw her alive on June 24th., 1940
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocarditis chronic	10 years?
Due to no specific etiology	
Due to Cholecystitis, chronic Peritonitis?	Several years
Other conditions Hypertension (Include pregnancy within 3 months of death)	
Unknown as to stones	

Major findings:
Of operations none
Of autopsy none

93 C

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) 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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature Paul R Nemours (M. D. or other)
Address 820 N. Grand Blvd Date signed June 25, 1940

(Licensed Embalmer's Statement on Reverse Side)

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 James A. Johnson Registered Apprentice No. _____, working under my personal supervision.

Signed James A. Johnson

Licensed Embalmer No. 3522

P. O. Address 4107 Finney Ave.

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.