

791

1003

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis Childrens Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 19 days
(Specify whether
In this community 19 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Ill. (b) County _____
(c) City or town Glenau
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? 7 years

8. (a) PRINT FULL NAME Mary Ellen Ford

8. (b) If veteran, name war child 3. (c) Social Security No. _____

4. Sex F 5. Color or race w 6. (a) Single, widowed, married, divorced child

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

7. Birth date of deceased August 5 1925
(Month) (Day) (Year)

8. AGE: Years 14 Months 7 Days 36 If less than one day hr. _____ min. _____

9. Birthplace Mt. Vernon Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation child

11. Industry or business _____

MOTHER FATHER { 12. Name Charles Ford
13. Birthplace Ill. Ill.
(City, town, or county) (State or foreign country)

MOTHER FATHER { 14. Maiden name Lena Highsmith
15. Birthplace Ill.
(City, town, or county) (State or foreign country)

16. (a) Informant China
(b) Address 503 S. Kings Highway

17. (a) REMOVAL (b) Date thereof 4-14-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation GLENAMILL

18. (a) Signature of funeral director Robert H. Hays
(b) Address 4700 Washington Ave.

19. (a) APP 14 1941 (b) J. F. Blodgett
(Date of registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr. day 12
year 1941 hour 2:30 minute 2 P. M.

21. I hereby certify that I attended the deceased from 3/23/41
_____ 19____ to 4/12/41 1941

that I last saw her alive on 4/12/41 19____
and that death occurred on the date and hour stated above.

Immediate cause of death meningitis
found infection

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death)
9th's sarcoma of chest wall &

Major findings: invasion of lung
Of operations _____

Of autopsy _____

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 J. F. Blodgett (M. D. or other) _____
Address 503 S. Kings Highway Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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7
9

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

J. Wm. Binkley

Licensed Embalmer No.

3653

P. O. Address

St. Louis Mo

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.