

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Louis  
(c) Name of hospital or institution: St. L. City Hospital #1  
(d) Length of stay: In hospital or institution, 2 weeks  
In this community 17 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
(c) City or town St. Louis 2217  
(d) Street No. 2767 Caroline Street  
(e) Physician *Attending Physician*

3. (a) PRINT FULL NAME JAMES C. FORD

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 21  
year 1941 hour 11 minute a.M.  
21. I hereby certify that I attended the deceased from

4. Sex male 5. Color or race white  
6. (a) Single, widowed, married, divorced, married

6. (b) Name of husband or wife LAVERNIA 6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased January 30, 1866

8. AGE: Years 75 Months 3 Days 20

that I last saw h. alive on 19 to 19 and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Sclerosis, Chronic Nephritis, Arteriosclerosis  
Other conditions: 121  
Major findings: Of operations, Of autopsy

9. Birthplace Tennessee

10. Usual occupation boiler-maker

11. Industry or business retired - 19 yrs.

12. Name Unknown

13. Birthplace unknown

14. Maiden name unknown

15. Birthplace unknown

16. (a) Informant *Walter J. Dwyer*  
(b) Address *2767 Caroline Street*

17. (a) burial (b) Date thereof May 31, 1941

(c) Place: burial or cremation *St. Matthews*

18. (a) Signature of funeral director *W. J. Dwyer*  
(b) Address *2767 Caroline Street*

19. (a) MAY 22 1941 (b) *J. F. O'Rourke*

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

While at work (Specify type of place) (c) Means of injury  
23. Signature *Alfred J. Perry* (M. D. or other)  
Address *Depue, Mo.* Date signed *8/22/41*

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

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17  
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**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 Paul A. Keith

Licensed Embalmer No. 36121

P. O. Address 2317 Lafayette  
and

**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, fact should be so stated above.**