

FILED OCT 18 1941

STANDARD CERTIFICATE OF DEATH

State File No. 30268
Registrar's No. 7607

Registration District No. 7917

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Firmin Desloge Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 days
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Owen P. Ford

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

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

7. Birth date of deceased February 20, 1864
(Month) (Day) (Year)

8. AGE: Years 77 Months 6 Days 28 If less than one day _____ hr. _____ min.

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

10. Usual occupation Retired Barber

11. Industry or business Own Business

12. Name Leighburn Ford

13. Birthplace Unknown 9 1970

14. Maiden name Emilia Smith

16. Birthplace Unknown 9

16. (a) Informant Mrs. Allie Ford

(b) Address 4044 Castleman Avenue

17. (a) Burial (b) Date thereof Sept. 22, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters Cemetery

18. (a) Signature of funeral director Mr. J. Robert L. V. N. Co.

(b) Address 1906 So. Grand Blvd.

19. (a) SEP 21 1941 (b) J. P. Budeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis 17 12
(If outside city or town limits, write "RURAL")
(d) Street No. 4044 Castleman Avenue 9
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 18
year 1941 hour 11 minute 30 P. M.

21. I hereby certify that I attended the deceased from 5-6-35
1935 to 9-18 1941

that I last saw him alive on 9-18 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia Duration 3 mos

Due to chronic pyelonephritis

non-calculous
Due to Benign hypertrophy of prostate 6 yrs

Other conditions chronic myocarditis

(Include pregnancy within 3 months of death)

Major findings: Reaction of prostate in 1935 and Jan. 1941

Of autopsy none

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 John Maresh (M. D. or other) M.D.
Address 504 Metropolitan Bldg Date signed 9-20-41

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..... *John Hetter*

Licensed Embalmer No..... 3880

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.