

FILED MAY 7 1942 7911

Registration District No. Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis
(c) Name of hospital or institution City Hospital #2
(d) Length of stay in hospital or institution 18 days
In this community 18 years, months or days

3. (a) PRINT FULL NAME FANNIE FORD

3. (b) If veteran, name war
3. (c) Social Security No. none

4. Sex female
5. Color or race negro
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Rosea Ford
6. (c) Age of husband or wife if alive 40 years
7. Birth date of deceased Jan 18 1907
(Month) (Day) (Year)

8. AGE: Years 35 Months 3 Days 9
If less than one day hr. min.

9. Birthplace Stonewall Miss.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER
12. Name Unk
13. Birthplace Unk Unk
(City, town, or county) (State or foreign country)
14. Maiden name Betty Han
15. Birthplace Stonewall Miss
(City, town, or county) (State or foreign country)

16. (a) Informant Rosea Ford
(b) Address 525 So. Harrison

17. (a) Burial (b) Date thereof May 2 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Father's Burial
18. (a) Signature of funeral director English Vaid. Co
(b) Address 7931 Jackson

19. (a) APR 20 1942 (b) J. J. Bredek
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis 18 17
(d) Street No. 525 So. Harrison 9
(e) If foreign born, how long in U. S. A.? 0 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 26
year 1942 hour 9 25 minute A.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Nephritis
Due to _____
Due to _____
Other conditions 121
(Include pregnancy within 3 months of death) 121
Major findings:
Of operations _____
Of autopsy _____
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?

While at work? _____ (Specify type of place)
Means of injury _____

23. Signature Thomas F. Callena (M.D. or other)
Address Deputy, Coronor Date signed 4/29/42

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

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 *Burleson English*

Licensed Embalmer No. *4208*

P. O. Address *2931 Lucas, 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, fact should be so stated above.