

D AUG 30 1943 '318  
Registration District No. \_\_\_\_\_

Primary Registration District No. 1003

Registrar's No. 7599

1. PLACE OF DEATH:

(a) County St. Louis, Missouri  
(b) City or town St. Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Homer G. Phillips Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 10 days  
(Specify whether  
In this community 35 years  
years, months or days)

3. (a) PRINT FULL NAME Linnie Ford

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

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

6. (b) Name of husband or wife Cora Ford 6. (c) Age of husband or wife if alive about 60 years

7. Birth date of deceased unknown  
(Month) (Day) (Year)

8. AGE: Years 60 Months - Days - If less than one day 0 hr. - min.

9. Birthplace Col mo (City, town, or county) (State or foreign country)

10. Usual occupation Janitor

11. Industry or business \_\_\_\_\_

12. Name Ed. Ford

13. Birthplace mo (City, town, or county) (State or foreign country)

14. Maiden name Sue Redman

15. Birthplace mo (City, town, or county) (State or foreign country)

16. (a) Informant Cora Ford

(b) Address 3963 Aldine

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-25-43  
(Month) (Day) (Year)

(c) Place: burial or cremation Greenwood

18. (a) Signature of funeral director E. W. Roberts

(b) Address 3035 Lucas

19. (a) AUG 24 1943 (b) J. F. Beedack  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
(c) City or town St. Louis, (If outside city or town limits, write "RURAL") 17  
(d) Street No. 3963 Aldine (If rural, give location) 9 11  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 21,  
year 1943 hour 3 minute 05 P. M.

21. I hereby certify that I attended the deceased from August  
11, 19 43 to August 21, 19 43;  
that I last saw him alive on August 21, 19 43  
and that death occurred on the date and hour stated above.

Immediate cause of death Appendiceal Abscess Duration 2 wks.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: 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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (c) Means of injury \_\_\_\_\_

23. Signature J. F. Beedack (M.D. or other) J. F. Beedack  
Address 260 W. Hittler Date signed 8/23/43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

---

---

**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..... *Fulton E. Culkin* .....

Licensed Embalmer No. *4198* .....

P. O. Address..... *St Louis 13. 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, fact should be so stated above.**