DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 32515

FILED OCT 11 1943

Registration District No. 317

Primary Registration District No. 3063

Registrar's No. 2256

1. PLACE OF DEATH:

(a) County St. Louis Co

(b) City or town CLAYTON (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Louis Co Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 0 (Specify whether years, months or days)

In this community 30 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Kirkwood (If outside city or town limits, write "RURAL")

(d) Street No. 206 Saratoga (If rural, give location)

(e) If foreign born, how long in U. S. A.? 1 years.

096 4 3

3. (a) PRINT FULL NAME Annie Ford

3. (b) If veteran, name war

3. (c) Social Security No. 5

4. Sex Fem 3

5. Color or race Cul

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Orange Ford

6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased Aug (Month) 22 (Day) 1897 (Year)

8. AGE: Years 46 Months 1 Days 9 If less than one day hr. min.

9. Birthplace Morelle (City, town, or county) Mo. (State or foreign country)

10. Usual occupation House Wife

11. Industry or business

FATHER 12. Name Lee White

13. Birthplace (City, town, or country) Mo U (State or foreign country)

MOTHER 14. Maiden name Emma Laura Poole

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

16. (a) Informant Orange Ford

(b) Address 206 Saratoga

17. (a) (Burial, cremation, or removal) (b) Date thereof 10-8 1943 (Month) (Day) (Year)

(c) Place: burial or cremation Father Dickson

18. (a) Signature of funeral director John W. Hemphill

(b) Address 408 S. Filmore Av Kirkwood Mo

19. (a) 10-7-43 (Date received local registrar) (b) C. D. McKaron M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 2 year 1943 hour 10:15 minute A M.

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

Immediate cause of death	Duration
Natural causes.	
Due to Spontaneous intracerebral hemorrhage.	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations

Of autopsy Yes.

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? (Specify type of place)

While at work? (e) Means of injury 3

23. Signature H. S. Neyfogle (M. D. or other) Dep. Coroner

Address Kirkwood, Mo. 10-4-43 Date signed

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

707 (Licensed Embalmer's Statement on Reverse Side)

OCT 11 1969

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 _____

Licensed Embalmer No. S-266

P. O. Address 247 Thomas St.

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.