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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 8 1944

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 8936

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2292

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 4202a Holly Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DEACESED: 000

(a) State Missouri (b) County 17
(c) City or town St. Louis 910
(If outside city or town limits, write "RURAL")
(d) Street No. 4202a Holly Ave
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Michael 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 Josephine Ford nee Gallagher

(c) Age of husband or wife if alive 68 years

7. Birth date of deceased November 5, 1868 (Month) (Day) (Year)

8. AGE: Years 75 Months 4 Days 2 If less than one day hr. min.

9. Birthplace Quincy (City, town, or county) Mass. (State or foreign country)

10. Usual occupation Private watchman

11. Industry or business

FATHER
12. Name Dennis Ford
13. Birthplace Unknown (City, town, or county) Ireland 4 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) Ireland 4 (State or foreign country)

16. (a) Informant Mrs. Josephine Ford
(b) Address 4202a Holly Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/10/44 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Math Hermann & Son
(b) Address 2131 East Fair Ave

19. (a) MAR 8 1944 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 7th. year 1944 hour 10:30 PM minute M.

21. I hereby certify that I attended the deceased from Feb 24, 1944, to March 7, 1944; that I last saw him alive on March 2, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Sclerosis — Duration: Sudden
Due to Chronic arteriosclerosis — Duration: Several years
Due to
Other conditions (Include pregnancy within 3 months of death)

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Major findings:
Of operations None
Of autopsy None

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

23. Signature Walter Baumgarten D (M. D. ~~or other~~)
Address 3720 Washington Avenue Date signed March 8, '44

(Licensed Embalmer's Statement on Reverse Side)

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 Wilford G Burnley

Licensed Embalmer No. 4202

P. O. Address St Louis 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.