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M-5-43  
7. 5-17-39  
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THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 20224  
Registrar's No. 10678

FILED DEC 27 1944

Registration District No. 318

Primary Registration District No. 1003

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: City Sanitarium  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 15 yr. 2 mo. 20 ds.  
(Specify whether years, months or days) 22 yrs. 0

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cal

(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")

(d) Street No. City Sanitarium 13  
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME WILLIAM W. FORD

3. (b) If veteran, name war 0

3. (c) Social Security No. 70

4. Sex male 0

5. Color or race white

6. (a) Single, widowed, married, divorced Sgl. 0

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive 0 years

7. Birth date of deceased April 10, 1876  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 13  
year 1944 hour 2.35 minute A M.

21. I hereby certify that I attended the deceased from Jan 26, 1944 to Dec. 13, 1944,  
that I last saw h. im alive on Dec. 13, 1944,  
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>68</u>	<u>9</u>	<u>3</u>	<u>0</u> hr. <u>0</u> min.

Immediate cause of death

Due to Coronary Occlusion 7 hrs

Due to Conbr. Chronic Myocarditis 1 yx

9. Birthplace Clinton Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer Salesman Ret.

Other conditions 0  
(Include pregnancy within 3 months of death)

11. Industry or business

MOTHER FATHER { 12. Name William Ford

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

{ 14. Maiden name Mary Wright

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

PHYSICIAN

Major findings: 0

Of operations 0

Of autopsy 0

Underline the cause to which death should be charged statistically.

16. (a) Informant Thelma A. Singler

(b) Address 5400 Arsenal St.

17. (a) Cremation (b) Date thereof 12-14-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mo. Crematory

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) 0

(b) Date of occurrence 0

(c) Where did injury occur? 0  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 0

18. (a) Signature of funeral director Witt Bro. & Nels

(b) Address 2929 S. Jefferson Av.

19. (a) 11-20-44 (b) J. F. Budick  
(Date received local registration) (Registrar's signature)

23. Signature Edwin P. Boudich (M. D. or other)

Address 5400 Arsenal Date signed 12/14/44

While at work? 0 (Specify type of place)

Means of injury 0

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.....

*Rowland*....., Registered Apprentice No.....  
working under my personal supervision.

Signed *Edgar F. Witt*.....

Licensed Embalmer No. *2117*.....

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, fact should be so stated above.**