

S. No. 2
M-8-43
v. 5-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11225
State File No. 3180
Registrar's No.

FILED APR 27 1945
818

Registration District No. Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St. Louis, Missouri
(b) City or town St. Louis, Missouri
(c) Name of hospital or institution: Homer G. Phillips Hospital
(d) Length of stay: In hospital or institution 1 mo. 2 days
In this community 16 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County
(c) City or town St. Louis
(d) Street No. 3153 Brantner Pl.
(e) Citizen of foreign country? (Yes or No)

3. (a) PRINT FULL NAME Lillian Ford

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

4. Sex Female 5. Color or race Colored 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years

7. Birth date of deceased March 18, 1915
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
30 0 29 hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name Constance Barnes

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

14. Maiden name Carrie Martin

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

16. (a) Informant Shirley M. Smith
(b) Address 2601 N. Whittier

17. (a) Burial (b) Date thereof 4-21-45
(City or town) (County) (State) (Month) (Day) (Year)

(c) Place: burial or cremation Loachapoka, Ala.

18. (a) Signature of funeral director Clark Young

(b) Address 2620 1/2 quarter

19. (a) APR 18 1945 (Date received local registrar) J. F. Busch (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 17, year 1945 hour 4 minute 00 P. M.

21. I hereby certify that I attended the deceased from March 15, 1945 to April 17, 1945; that I last saw her alive on April 17, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Rheumatic heart disease with cardiac failure Duration Unk.

Due to 95 Due to

Other conditions (Include pregnancy within 3 months of death)

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?
(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 B. F. Murphy M. D. Date signed 4/18/45
Address 2601 Whittier

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

50
17
9

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 Clark Young
Licensed Embalmer No. 3371
P. O. Address St. Louis

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.