

FILED DEC 21 1945 STANDARD CERTIFICATE OF DEATH

State File No. **39146**
Registrar's No. **10769**

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 Prames H. Phelley's
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 months
(Specify whether years, months or days)

In this community 21 yrs
years, months or days

3. (a) PRINT FULL NAME OSCAR FORD

(b) If veteran: name war NO

(c) Social Security No. NO 453000

4. Sex MALE 5. Color or race col.

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased DEC. 20 1923
(Month) (Day) (Year)

8. AGE: Years 21 Months 11 Days 18
If less than one day hr. min.

9. Birthplace St. Louis MO.
(City, town, or county) (State or foreign country)

10. Usual occupation laborer

11. Industry or business not working

MOTHER FATHER

12. Name unknown

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

14. Maiden name unknown

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

16. (a) Informant SUSIE TAYLOR

(b) Address 4569 McMillan

17. (a) Burial (b) Date thereof 12-12-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Dale

18. (a) Signature of funeral director Allen Baker

(b) Address 327 Franklin

19. (a) (Date received local registrar) DEC 11 1945 (b) J. F. Budeck
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 17

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

(d) Street No. 4569 McMillan
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 8th
year 1945 hour 9:00 minute A. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____;

and that death occurred on the date and hour stated above.

Immediate cause of death Internal hemorrhage from gunshot wound of abdomen

WHETHER SELF INFLICTED OR AT THE HANDS OF PARTY OR PARTIES UNKNOWN could not be determined.

Due to around 9:15 P.M., September 5, 1945, in the rear of 4518 W Belle Place

Other conditions (Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: Of operations 11-27

Of autopsy yes

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) open verdict

(b) Date of occurrence Sept 5, 1945

(c) Where did injury occur? St. Louis, Mo.
(City or town) (County) (State)

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

While at work? no (Specify type of place)

(e) Means of injury gunshot wound

23. Signature Patrick E. Hughes (M. D. or other)

Address W. 21st Date signed 12/11/45

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

Emb separate cert to be filed

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.....

..... 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.