No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

FILED SEP 8 1947

Registration District No. 318 Primary Registration District No. 1003

State File No. 29039

Registrar's No. 8328

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

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: De Paul Hospital (If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Ill. (b) County — 999

(c) City or town GRANITE CITY (If outside city or town limits, write "RURAL") 11

(d) Street No. N.R. (If rural, give location) 0

(e) Citizen of foreign country? (Yes or No) 2

If yes, name country

3. (a) PRINT FULL NAME Margaret Thompson Ford

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex female

5. Color or race white

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

6. (b) Name of husband or wife E Perry

6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased Feb. (Month) 27 (Day) 1904 (Year)

8. AGE: Years 43 Months 5 Days 29 If less than one day hr. min.

9. Birthplace Granit city, Ill. (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Wm J. Thompson
13. Birthplace England (City, town, or county) (State or foreign country) 4

MOTHER
14. Maiden name Fannie Giddings
15. Birthplace England (City, town, or county) (State or foreign country) 4

16. (a) Informant E. Penny Ford

(b) Address Eldon Missouri

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 8/28/47 (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove, Jerseyville, Ill.

18. (a) Signature of funeral director Tate Funeral Home

(b) Address Granit city Ill

19. (a) SEP 2 1947 (Date received local registrar) (b) J. F. Bradeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8-26 day year 47 hour 4 minute P M.

21. I hereby certify that I attended the deceased from Nov 1946 to 8-26 1947 that I last saw her alive on 8-26 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Uremia — Duration 3 mos

Due to Polycystic Kidneys — 3 yrs

Due to

Other conditions (Include pregnancy within 3 months of death) 1 32

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause of 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 [signature] (M. D. or other)

Address [illegible] Date signed 8-27-47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

8328

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 Ronald Yahnke

Licensed Embalmer No. 3917

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.