

FILED MAY 24 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

17255

State File No. ....

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 4390

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i>		b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St. Louis</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St. Louis</i>		d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Homer G. Phillips</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <i>4155<sup>a</sup> Page</i>			
3. NAME OF DECEASED (Type or Print) <i>Grace Ford</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>May 16, 1949</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>Negro</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>July 5, 1888</i>	9. AGE (In years last birthday) <i>60</i>	10. UNDER 1 YEAR Months
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housework</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>At home</i>	11. BIRTHPLACE (State or foreign country) <i>Tunica, Mississippi</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
13a. FATHER'S NAME <i>Frank Price</i>		13b. MOTHER'S MAIDEN NAME <i>Jimmie Thompson</i>		14. NAME OF HUSBAND OR WIFE <i>Enoch Ford</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>-</i>	17. INFORMANT'S SIGNATURE OR NAME <i>Emel D. R. R. 20 704 So. 46<sup>e</sup></i>		ADDRESS
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>			MEDICAL CERTIFICATION		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)			INTERVAL BETWEEN ONSET AND DEATH		
ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>					
DUE TO (b) <i>Coronary Thrombosis</i>					
DUE TO (c)					
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>94</i>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <i>H2-21</i>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <i>10:10 A.M.</i> , from the causes and on the date stated above.					
23a. SIGNATURE <i>Joseph McJannet</i>		23b. ADDRESS <i>1308 Clark</i>		23c. DATE SIGNED <i>5/17/49</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>removal</i>	24b. DATE <i>6-17-49</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Booker Washington</i>	24d. LOCATION (City, town, or county) (State) <i>E. St. Louis, Illinois</i>		
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <i>MAY 17 1949 J. B. Baxter</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>C. J. Nash</i>		ADDRESS <i>3847 Page</i>	

WRITE PLAINLY—USING UNFAADING 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 \_\_\_\_\_

Student Embalmer No. 286

working under my personal supervision.

Signed C. J. Nash

Signed Clovenne Brown  
Student Embalmer

Licensed Embalmer No. 2432

P. O. Address 3847 Pgs

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.