

FILED OCT 21 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 36369  
Registrar's No. 9300

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis		c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis		2129
d. FULL NAME OF HOSPITAL OR INSTITUTION 4564 PAGE AVE			d. STREET ADDRESS (If rural, give location) 4564 Page Ave.		
3. NAME OF DECEASED (Type or Print) Jesse			a. (First)	b. (Middle)	c. (Last) FORD
4. DATE OF DEATH	(Month)	(Day)	(Year)	Oct. 6 1952	
5. SEX M. J. C.	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH	9. AGE (In years last birthday) 51	IF UNDER 1 YEAR Months 4
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MESSENGER	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) LITTLE ROCK ARK.	12. CITIZEN OF WHAT COUNTRY?		
13a. FATHER'S NAME BENNIE FORD		13b. MOTHER'S MAIDEN NAME LULA CHALK		14. NAME OF HUSBAND OR WIFE ELIZABETH FORD	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Elizabeth Ford 4564 Page		

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive Cardiovascular disease	ANTECEDENT CAUSES			Unknown
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
	DUE TO (b)			
	DUE TO (c)			
	II. OTHER SIGNIFICANT CONDITIONS			
	Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input 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)		
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 443X		

22. I hereby certify that I attended the deceased from Sept. 27, 1952, to Oct. 6, 1952, that I last saw the deceased alive on Oct. 6, 1952, and that death occurred at 10.4 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) L. J. Brooks M.D.	23b. ADDRESS 27469 Franklin Ave.	23c. DATE SIGNED Oct. 7 1952
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	24b. DATE Oct 11-52	24c. NAME OF CEMETERY OR CREMATORY OAK WOOD
		24d. LOCATION (City, town, or county) (State) ALTON Ill.

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE Oct 18, 1952 J. Carl Smith	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W. F. Walter 2707 Stoddard
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Arthur L. Heilliard

Licensed Embalmer No. 4221

P. O. Address 4524 Aldine

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.