

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

40200

FILED DEC 12 1952

State File No. ....

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

Registrar's No. 10928

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 10928	
1. PLACE OF DEATH a. COUNTY None				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY None			
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		2229	
d. FULL NAME OF HOSPITAL OR INSTITUTION Enroute Homer G. Phillips				d. STREET ADDRESS (If rural, give location) 2229 2806a Walnut Street			
3. NAME OF DECEASED (Type or Print) a. (First) Arthur		b. (Middle)		c. (Last) FORD		4. DATE OF DEATH (Month) (Day) (Year) Nov. 25, 1952	
5. SEX Male		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH January, 7 1898	
9. AGE (In years last birthday) 54		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Maintinance		10b. KIND OF BUSINESS OR INDUSTRY Private family		11. BIRTHPLACE (State or foreign country) Festus, Missouri	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME George Ford		13b. MOTHER'S MAIDEN NAME Laura Woodson		14. NAME OF HUSBAND OR WIFE -----	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Laura Ford, 2806a Walnut Street			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Internal hemorrhage; Lx of ribs suffered when decubed as struck by car parked at curb in front of Baggage Room of Union Station that was struck by car out of control driven by one Judine Sanford about 5:00 am Jan 25 1952				INTERVAL BETWEEN ONSET AND DEATH	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death		DUE TO (b) Criminal carelessness				AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				19c. PLACE OF OPERATION	
20a. ACCIDENT OR SUICIDE (Specify) Criminal homicide		20b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Street		20c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) St. Louis Mo 100		20d. HOW DID INJURY OCCUR? E8124	
21a. TIME OF INJURY (Month) (Day) (Year) (Hour) Jan 25 52 5A m.		21b. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 5:30A m., from the causes and on the date stated above. 25			
23a. SIGNATURE (Degree or title) Patrick E Taylor Coroner		23b. ADDRESS 1300 Clark Avenue		23c. DATE SIGNED 11-28-52			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12/1/52		24c. NAME OF CEMETERY OR CREMATORY Greenwood Cemtery		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.	
DATE REC'D BY LOCAL REG. NOV 28 1952		REGISTRAR'S SIGNATURE J Carl Smith MD		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Herman Smith Funeral Home 4247 W Labadie			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING BLACK INK—MAKE A PERMANENT RECORD

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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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....  
Student Embalmer

Signed *Lawrence E. Johnson*  
.....  
Licensed Embalmer No. 4347

P. O. Address 1907 Goode Avenue

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.