

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5985

State File No.

BIRTH NO. **FILED MAR 8 1954** REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **1772**

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

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 OR TOWN <i>St Louis</i>	d. Is residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>D. O. A. Homer G. Phillips Hospital</i>		e. STREET ADDRESS (If rural, give location) <i>4344 Evans Ave 2119</i>			
3. NAME OF DECEASED (Type or Print) a. (First) <i>Henry</i> b. (Middle) <i>Bulford</i> c. (Last) <i>Bulford</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>2 22 54</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>2 Negro</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>Dec. 3, 1907</i>	9. AGE (In years last birthday) <i>46</i> IF UNDER 1 YEAR: Months Days IF UNDER 12 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>laborer</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>none</i>	11. BIRTHPLACE (City and State or Foreign Country) <i>Georgia</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
13a. FATHER'S NAME <i>Ismaiah Bulford</i>		13b. MOTHER'S MAIDEN NAME <i>Maely Jones</i>		14. NAME OF HUSBAND OR WIFE <i>Separated</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>no</i>		16. SOCIAL SECURITY NO. <i>4266 28074</i>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Basie ... Teke 2614 Elliot St</i>		

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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES		1. <i>Bronchial Asthma</i>	
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) _____	
DUE TO (c) _____		2. <i>Cardiac Hypertrophy</i>	
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 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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <i>4343</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 *6:09 p.m.*, from the causes and on the date stated above.

23a. SIGNATURE <i>Joseph Indiguen</i> (Degree or title) <i>MD</i>		23b. ADDRESS <i>21300 Clark</i>		23c. DATE SIGNED <i>2/24/54</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>REMOVAL</i>		24b. DATE <i>Feb. 24, 1954</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Washington Park</i>	
DATE REC'D BY LOCAL REG. <i>FEB 24 1954</i>		REGISTRAR'S SIGNATURE <i>J. Earl Smith, M.D.</i>		24d. LOCATION (City, town, or county) (State) <i>St Louis County, Mo.</i>	
25. FUNERAL DIRECTOR'S SIGNATURE <i>Boyd Funeral Home</i>		ADDRESS <i>2704 Cherokee Ave</i>			

S.O. (Licensed Embalmer's Statement on Reverse Side)

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.....
Signature of Student Embalmer

Signed.....
H. Claude Jordan

Licensed Embalmer No.....
346

P. O. Address.....
45 75th

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.