

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

22102

1. PLACE OF DEATH

County.....

Registration District No.....

791

File No.....

Township.....

Primary Registration District No.....

1003

Registered No.....

6276

City.....

St. Louis No. #4178a de Monty Ave

Ward)

2. FULL NAME

(a) Residence, No.....

(Usual place of abode)

#4178a de Monty Ave

(If nonresident give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

da.

How long in U.S., if of foreign birth?

yrs.

mos.

da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF

Married Ward

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

Dec. 25th 1898

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

29

5

15

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Accountant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Baltimore

(STATE OR COUNTRY)

Md.

10. NAME OF FATHER

George Ward

PARENTS

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Missouri

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

Belle Snider

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Missouri

(STATE OR COUNTRY)

14. INFORMANT

(Address)

Mrs R. H. Ward #4178a de Monty Ave

15. FILED

IN 12

May 12 1928

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR)

June 10th 1928

17.

I HEREBY CERTIFY That I attended deceased from

June 27th 1928 to June 27th 1928

that I last saw him alive on June 27th 1928 and that death occurred, on the date stated above, at

THE CAUSE OF DEATH* WAS AS FOLLOWS:

myocarditis (Ch)
myocarditis
myocarditis
myocarditis

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH

WAS THERE AN AUTOPSY

WHAT TEST CONFIRMED DIAGNOSIS

(Signed)

" , 1928 (Address)

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

New St. Marcus

DATE OF BURIAL

6-15-1928

20. UNDERTAKER

C. B. Lupton

ADDRESS

4449

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

- Grisco Bldg
Tyler 0705-