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

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 4003

City St Louis Mo (No. Barnes Hospital St. ..... Ward)

File No. 25212

Registered No. 7007

2. FULL NAME Frances Eliza Ward

(a) Residence. No. 6557 University Drive St. 12 Ward. St. Louis Co. Mo
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. ~~SEX~~ Female

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 H L Ward

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 5-1881

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
47	2	~~24~~	

8. OCCUPATION OF DECEASED

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

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Mt Vernon
(STATE OR COUNTRY) New York

PARENTS

10. NAME OF FATHER Fred H Fenton

11. BIRTHPLACE OF FATHER (CITY OR TOWN) New York
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Nor Hyman

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY)

14. INFORMANT H L Ward
(Address) 6557 University Drive

15. FILED JUL -5 1923 Max C. Starkey
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 7 - 5 1928

17. I HEREBY CERTIFY, That I attended deceased from 5-24, 1928, to 7-5, 1928 that I last saw her alive on 7-5, 1928, and that death occurred, on the date stated above, at 12 02 AM m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Brain Tumor

Glioma (malignant)

(duration) ..... yrs. 3 mos. ..... ds.

CONTRIBUTORY (SECONDARY) Operation

Secondary infection (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? .....

DID AN OPERATION PRECEDE DEATH? yes DATE OF 6-6-28

WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS? Examination of tumor

(Signed) W. G. Hamm, M. D

7-5, 1928 (Address) Barnes Hospital

*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 Anadella, New York

DATE OF BURIAL July 6 1928

20. UNDERTAKER A Kron L & N Co

ADDRESS 2707 W Grand

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.

...WITH UNFADING INK—THIS IS A PERMANENT RECORD