

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

Do not use this space.

10310

APR 25 1934

**PLACE OF DEATH**

County St. Louis Registration District No. 789  
 Township Central Primary Registration District No. 6033-B  
 City Timber Lawn No. 3711 Lawler Dr St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. 68

**2. FULL NAME**

May Theresa Ward

(a) Residence, No. 7711 Lawler Dr St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>George P Ward</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>March 17-1866</u>		
7. AGE	YEARS <u>67</u>	MONTHS <u>11</u>
	DAYS <u>28</u>	If LESS than 1 day, .....hrs. or .....min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>at home</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	
	11. Total time (years) spent in this occupation	

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  
St. Louis Missouri

13. NAME  
Joseph Heil

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  
Germany

15. MAIDEN NAME  
Francisca

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  
Germany

17. INFORMANT (ADDRESS)  
George P Ward 3711 Lawler Dr

18. BURIAL, CREMATION OR REMOVAL PLACE DATE  
Valhalla Mch 12 1934

19. UNDERTAKER (ADDRESS)  
C. P. Dupertous & Sons 4149 Olive St

20. FILED 3-10-34 W. Baekner Registrar

**4 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/9 1934

22. I HEREBY CERTIFY, That I attended deceased from 6/30, 1929, to 3/9, 1934  
 I last saw her alive on 3/9, 1934. Death is said to have occurred on the date stated above, at 2:45 P.m.

The principal cause of death and related causes of importance were as follows:

Empyema of Rt. Pleura. Carcinoma of esophagus. Bacterial Pneumonia.

Other contributory causes of importance:  
Influenza

Name of operation None Date of \_\_\_\_\_  
 What test confirmed diagnosis frigor Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? no (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify none  
 (Signed) James J. Kelly, M. D.  
 (Address) 6125 Bourne

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.

Dr. Charles J. Rindley  
6125 Buckner  
Off. Ca. - 5187  
Hm. Wg. - 0146  
9-11 am - 2.4 Pm