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.

DEC 3 1936

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

791

1 ; Do not use this space.

43162

1. PLACE OF DEATH

County..... Registration District No. 1003

Township..... Primary Registration District No.

City St. Louis (No. 2107 Park Avenue St. Ward)

File No.

Registered No. 11740

2. FULL NAME Patrick J. Ward

(a) Residence, No. 2107 Park Avenue St., 22 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Susan Ward (nee Maher)

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 20, 1866

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	70	8	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City of St. Louis

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Leitrum (STATE OR COUNTRY) Ireland

FATHER

13. NAME John Ward

14. BIRTHPLACE (CITY OR TOWN) Leitrum (STATE OR COUNTRY) Ireland

MOTHER

15. MAIDEN NAME Mary Gillmartin

16. BIRTHPLACE (CITY OR TOWN) Leitrum (STATE OR COUNTRY) Ireland

17. INFORMANT Mrs. Susan Ward *Susan Ward*
(ADDRESS) 2107 Park Ave., St. Louis, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cemetery DATE November 30, 1936

19. UNDERTAKER C. Hoffmeister Und. & Livery Co.
(ADDRESS) 7814 S. Broadway, St. Louis, Mo.

20. FILED NOV 27 1936 *J. H. Bredeck* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 27, 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug. 15, 1936, to Nov. 27, 1936

I last saw alive on Nov. 23, 1936 Death is said to have occurred on the date stated above, at 12:30 a.m.

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

	Date of onset
arteriosclerosis	
chronic myocarditis	

Other contributory causes of importance:

Hypertension

Name of operation..... Date of.....

What test confirmed diagnosis? Clinical 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?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify.....

(Signed) H. F. Bergman, M. D.

(Address) 3720 Washington

3720 [illegible]
[illegible]