

## MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

12496

Do not use this space.

REC'D MAY 10 1938

1. PLACE OF DEATH

(a) County.....

Registration District No.....

(b) Township.....

Primary Registration District No.....

(c) City ST. LOUIS(d) Street No. 3923ST. FERDINANDRegistered No. 3100

(e) Length of residence in city or town where death occurred yrs. mos. ds.

(f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME ANNIE NORA CALLACHER WARD. 630(a) Residence, No. 3923 ST. FERDINANDSt. II

(Usual place of abode, if no street address, write county or city)

(If nonresident, give city or town and State)

## 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>MICHAEL J. WARD.</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>APRIL 3 1860</u>		
7. AGE <u>77</u>	YEARS <u>11</u>	MONTHS <u>27</u>
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.		9. Industry or business in which work was done, as saw mill, bank, etc. <u>AT HOME</u>
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) <u>IRELAND.</u>		
13. NAME <u>RICHARD WARD.</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>IRELAND.</u>		
15. MAIDEN NAME <u>MARY BARRETT.</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>IRELAND.</u>		
17. INFORMANT <u>MAMIE A. WARD.</u> (ADDRESS) <u>3923 ST FERDINAND.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>CALVARY.</u> DATE <u>April 2 1938</u>		
19. FUNERAL DIRECTOR <u>LAWRENCE MULLEN</u> (ADDRESS) <u>5165 DELMAR BLVD.</u>		
20. FILED <u>APR 1 1938</u> <u>J.P. Precher</u>		

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) MARCH 30, 1938I HEREBY CERTIFY, That I attended deceased from February 8, 1938 to March 30, 1938I last saw him alive on March 25, 1938. Death is said to have occurred on the date stated above, at 8:30 p.m.

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

Cardio-Vascular-Krenal

Other contributory causes of importance:

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

What test confirmed diagnosis? Krenal 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? noIf so, specify Loss, Crosshairs!(Signed) J.P. Precher M. D.(Address) 3601 Central Ave

(Licensed Embalmer's Statement on Reverse Side)

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

MARGIN RESERVED FOR BINDING  
V. S. NO. 2.  
304-7-2-37  
I X12804

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.

MAR 24 1950

STATEMENT BY LICENSED EMBALMER

I, John Ketter, Licensed Embalmer No. 3880

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself

..... L. E. ....

No. .... or by ..... Registered Apprentice No. ....

working under my personal supervision.

Signed John Ketter  
Licensed Embalmer No. 3880

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.)