

DEC'D SEP 23 1938

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

29260
Do not use this space.

1. PLACE OF DEATH

(a) County Jefferson Registration District No. 423
(b) Township Rock Primary Registration District No. 5578
(c) City (d) Street No.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(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.

Registered No. 32

2. PRINT FULL NAME

THERESA WARD 630
(a) Residence, No. St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 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 E. J. Ward
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 15 - 1869
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
68 11 10
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as 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) Winnswick no
no.

FATHER 13. NAME Michel Arnold

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

MOTHER 15. MAIDEN NAME Margaret Schwartz

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

17. INFORMANT (ADDRESS) E. J. Ward
Barnhart no.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Joseph Catholic Cemetery DATE Aug 29, 1938

19. FUNERAL DIRECTOR (ADDRESS) Heiligtag Funeral Home
Winnswick no.

20. FILED Aug 29, 1938 Phil J. Kirk
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 25th, 1938

22. I HEREBY CERTIFY, That I attended, deceased from August, 1937, to Aug 24th, 1938
I last saw her alive on Aug 24, 1938. Death is said to have occurred on the date stated above, at 7:15 a.m.
The principal cause of death and related causes of importance were as follows:

Cardiac Failure
Coronary Thrombosis
94 B
Other contributory causes of importance:
Hypertension with
arteriosclerosis

Name of operation None Date of
What test confirmed diagnosis? Physical 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) A. J. Pett, M. D.
Hershey, M.D.

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.

STATEMENT BY LICENSED EMBALMER

I, Elmer E. Heiligtag, Licensed Embalmer No. 3571

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

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed Elmer Heiligtag

Licensed Embalmer No. 3571

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.)