DEC 12 1938

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

37496.
Do not use this space.

1. PLACE OF DEATH
(a) County St. Louis
Registration District No. 1-3 791
(b) Township
Primary Registration District No. 1003
Registered No. 9823
(c) City
(d) Street No. St. Lukes Hospital St.
(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 40 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

630

2. PRINT FULL NAME Orange L. Ward
(a) Residence, No. 1207 Gregan ~~Ave.~~ Place St. NR Wellston, Mo.
(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: Male
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: Marie Ward

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 13th. 1889

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
49	4	27	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Meat Cutter
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): Ills.

FATHER
13. NAME: Henry Ward
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ills.

MOTHER
15. MAIDEN NAME: Dont Know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Vermont

17. INFORMANT (ADDRESS): Mrs. Marie Ward. 1207 Gregan Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Lake Charles DATE 11-14-38, 19

19. FUNERAL DIRECTOR (NAME) (ADDRESS): Provost Und. Co. 3710 E. Grand Blvd.

20. FILED NOV 14 1938 J. F. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 11-10-38, 19

22. I HEREBY CERTIFY, That I attended deceased from Feb. 5, 1936, to 11-10-38, 19
I last saw him alive on 11-10, 1938. Death is said to have occurred on the date stated above, at 4.48 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Glomerular Nephritis	1936
Hypertension	1936

Other contributory causes of importance:

NEEDLING HEM ORRHAGE INT. CAPSULE

Name of operation: [illegible] Date of 11-5-38
What test confirmed diagnosis? Urinal Solubility 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. [illegible] M. D.
(Address) 3720 Washington

(Licensed Embalmer's Statement on Reverse Side)

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

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.

I X14028

H. A. Rivet
3720 Washington
1-3 P

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, A. A. Smithers, or by ....., Registered Apprentice No....., working under my personal supervision.

Signed A. A. Smithers

Licensed Embalmer No. 3916

P. O. Address.....

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.)

If this body is not embalmed, above space should be left blank.