

FILED AUG 5 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 26346
Registrar's No. 1355

Registration District No. 784 Primary Registration District No. 115

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town University City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
7421 Melrose Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community _____
years, months or days

3. (a) PRINT FULL NAME ALMA R. WARD. 630

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Dr. Ralph R. Ward. 6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased January 1, 1875.
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
65 6 17 hr. min.

9. Birthplace Cass County, Missouri.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business at home

12. Name Sanderson H. Rodgers.

13. Birthplace ? Ohio.
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Sanderson.

15. Birthplace ? Ohio.
(City, town, or county) (State or foreign country)

16. (a) Informant Dr. Ralph R. Ward.

(b) Address 7421 Melrose Ave.

17. (a) Burial (b) Date thereof 7-20-1940.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lake Charlse Cem.

18. (a) Signature of funeral director Geo. L. Pleitsch Inc.

(b) Address 5966-68 Easton Ave.

19. (a) JUL 20 1940 (b) Dr. R. Melrose
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town University City
(If outside city or town limits, write "RURAL")
(d) Street No. 7421 Melrose Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 18th.
year 1940 hour 4 minut 45 P.M.

21. I hereby certify that I attended the deceased from 1932
to July 18, 1940.
that I last saw her alive on July 15, 1940.
and that death occurred on the date and hour stated above.

Immediate cause of death Circulatory failure

Due to Hypertensive heart disease

Due to Diabetes

Other conditions Ca of R. heart
(Include pregnancy within 3 months of death)

Major findings: Ca of heart
Of operations _____

Of autopsy _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature [Signature] (M. D. or other) _____
Address 5427 Delmar Date signed 7-19-40

WRITE PLAINLY--USE UNFADING BLACK INK--MAKE A PERMANENT RECORD

Dr. Robt B. Bassett
5427 Delman Ave.
Forest 0392

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, or by _____

Leonard W. Kraeger, Registered Apprentice No. _____
working under my personal supervision.

Signed _____

Leonard W. Kraeger
Licensed Embalmer No. 2678

P. O. Address St. Louis Mo

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.