

No. 2
4-13-40
5-17-39
I X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **34054**
Registrar's No. **8751**

NOV 16 1940

791

Primary Registration District No.

1003

Registrar's No.

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

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 24 Days
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Hattie Ward
(b) If veteran, name war _____ (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Charles Ward Ward 6. (c) Age of husband or wife if alive 54 years
7. Birth date of deceased Oct 2, 1897
(Month) (Day) (Year)

8. AGE: Years 52 Months 11 Days 22 If less than one day _____ hr. _____ min.

9. Birthplace unknown Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife 4

11. Industry or business 9

12. Name Charles Grinnell Ward 9

13. Birthplace unknown _____
(City, town, or county) (State or foreign country)

14. Maiden name unknown

15. Birthplace unknown _____
(City, town, or county) (State or foreign country)

16. (a) Informant Charles Ward

(b) Address 910 18th St., 1 St.

17. (a) burial (b) Date thereof 10-24-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cem

18. (a) Signature of funeral director Bensiek-Nienhaus

(b) Address 1431 Union Blvd.

19. (a) OCT 23 1940 (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County _____
(c) City or town St. Louis 25
(If outside city or town limits, write "RURAL")
(d) Street No. 910 18th St.,
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month October day 14
year 1940 hour 8:45 minute P. M.

21. I hereby certify that I attended the deceased from September
20, 1940, to October 14, 1940
that I last saw her alive on October 14, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Cellulitis of L. arm and chest

Due to _____
Due to _____

Other conditions Diabetes Mellitus
(Include pregnancy within 3 months of death) Syphilis

Major findings:
Of operations _____
Of autopsy _____

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)
(c) Means of injury 9

23. Signature William H. Elliott (M. D. or other)
Address 1515 Lafayette Avenue, Date signed 10/15/40

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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, fact should be so stated above.