

FILED APR 17 1942
Registration District No. _____

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County _____
(b) City or town St Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Phillips Homer G. Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 0
(Specify whether _____)
In this community _____
years, months or days _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____
(c) City or town St Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3422 Laclede Ave.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 31
year 1942 hour 1 minute 12 P.M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Nephritis (interstitial) Status Epilepticus

Duration

Due to _____

Due to _____

Other conditions 1st
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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) _____ Means of injury _____

23. Signature: Alfred Perry (M. D. or other) _____
Address: St Louis Date signed 4/1/42

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

3. (a) Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife William Ward 6. (c) Age of husband or wife if alive 25 years
7. Birth date of deceased: 10 (Month) 14 (Day) 1924 (Year)

8. AGE: Years 18 Months 7 Days 16 If less than one day _____ hr. _____ min.

9. Birthplace: Holly Spring Miss
(City, town, or county) (State or foreign country)

10. Usual occupation: House work

11. Industry or business _____

MOTHER FATHER { 12. Name: Chester Evans
13. Birthplace: Holly Spring Miss
(City, town, or county) (State or foreign country)
14. Maiden name: Gertina Mathews
15. Birthplace: Holly Spring Miss
(City, town, or county) (State or foreign country)

16. (a) Informant: William Ward
(b) Address: 3422 Laclede Ave
17. (a) Removal (b) Date thereof: 4-2-42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation: Holly Spring Miss

18. (a) Signature of funeral director: Mary Wade
(b) Address: 426 1/2 Juniper Ave
19. (a) APR 1 1942 (b) J. J. Bledock
(Date received local registrar) (Registrar's signature)

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

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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. *2698*

P. O. Address..... *2769 Choate*

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.