. No. 2
—1-4-41
5-17-39
PI X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 20 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 12128

Registration District No. 784 Primary Registration District No. 200 Registrar's No. 834

1. PLACE OF DEATH

(a) County St. Louis County
(b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Veterans Administration Facility. 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Adm. Apr. 6, 1942. (Specify whether
In this community unknown.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis 07
(If outside city or town limits, write "RURAL")
(d) Street No. 2021 Division Street, 9
(If rural, give location)
(e) Citizen of foreign country? - (Yes or No)
If yes, name country -

3. (a) PRINT FULL NAME David WARE,

3. (b) If veteran, name war World War - 1918

3. (c) Social Security No. Yes - not remembered

4. Sex Male 2

5. Color or race Negro

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife -

6. (c) Age of husband or wife if alive - years

7. Birth date of deceased 2 (Month) 2 (Day) 1898 (Year)

8. AGE: Years 44 Months 3 Days 7 If less than one day hr. min.

9. Birthplace Aberdeen, (City, town, or county) Mississippi (State or foreign country)

10. Usual occupation Section Hand

11. Industry or business -

FATHER
12. Name Daniel Ware
13. Birthplace (City, town, or county) Miss. 1 (State or foreign country)

MOTHER
14. Maiden name Sally Waldon
15. Birthplace (City, town, or county) Miss. 1 (State or foreign country)

16. (a) Informant M. Schillig
(b) Address Clinical Clerk, VAF, Jeff. Bk., Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 17/42 (Month) (Day) (Year)
(c) Place: burial or cremation National Cemetery

18. (a) Signature of funeral director F. A. Allen
(b) Address 2915 Franklin ave

19. (a) APR 15 1942 (Date received local registrar) (b) C. G. McGovern M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 12th, year 1942 hour 5:25 minute a.M.

21. I hereby certify that I attended the deceased from April 6, 1942 to April 12, 1942 that I last saw him alive on April 12, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Hypertensive and coronary arterio-sclerotic heart disease, cardiac enlargement and myocardial insufficiency,	Unknown
Due to and Nephritis, chronic, with edema and uremia.	Unknown
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations -
Of autopsy No 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) no
(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? (Specify type of place)
While at work? (e) Means of injury

23. Signature L. M. COCHRAN, M.D., (M. D. or other)
Address Chief Medical Officer. Date signed 4/13/42

707 (Licensed Embalmer's Statement on Reverse Side)

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 J. G. Rose

Licensed Embalmer No. 2963

P. O. Address 2910 Franklin

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.