

TRIED MAY 13 1942

Registration District No.

Primary Registration District No. **1003**

Registrar's No. **3883**

1. PLACE OF DEATH:

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

3. (a) PRINT FULL NAME Martin Deane Ward

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color Wh 6. (a) Single, widowed, married, divorced 1

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased April 25 1942
(Month) (Day) (Year)

8. AGE: Years _____ Months 15 Days _____ If less than one day _____ hr. _____ min.

9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

12. Name Oliver Ward

13. Birthplace Macomb Illinois
(City, town, or county) (State or foreign country)

14. Maiden name Lorraine Miller

15. Birthplace Paylorville Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Oliver Ward

(b) Address 5183 Raymond

17. (a) Burial (b) Date thereof May 1 - 42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Chas. F. Stuart
 (b) Address 1225 Union Blvd.

19. (a) MAY 1 1942 (Date received local registrar) J. F. Brudek (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 5183 Raymond
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 29
 year 1942 hour 5 minute 45 P. M.

21. I hereby certify that I attended the deceased from 4/26, 1942 to 4/29, 1942
 that I last saw him alive on 4/28, 1942
 and that death occurred on the date and hour stated above.

Immediate cause of death _____

anaphylactic reaction

Due to 159

Other conditions Pneumonia 1/2 month
(Include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy none

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) no

(b) Date of occurrence _____

(c) Where did injury occur? none
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? none
(Specify type of place) (e) Means of injury none

23. Signature Dr. J. H. Harmon (M. D. certificate) Address 2739 N. Grand Date signed 5/30 1942

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

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.....

Not embalmed Registered Apprentice No.
working under my personal supervision.

Signed: *Bernard G. J. Stuart*

Licensed Embalmer No. *3500*

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.