S. No. 2
I—1-4-41
. 5-17-39
I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

16500

State File No.

FILED JUN 10 1942 791

Registration District No.

Primary Registration District No. 1003

Registrar's No. 4625

1. PLACE OF DEATH:

(a) County: Quinn

(b) City or town: ST. LOUIS (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Homer G. Phillips Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 DAY (State whether years, months or days) In this community ~~Homer G. Phillips~~

2. USUAL RESIDENCE OF DECEASED:

(a) State: MISSOURI (b) County: 21

(c) City or town: ST. LOUIS (If outside city or town limits, write "RURAL")

(d) Street No. 2950 & DICKSON ST (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME: NIXON WARD

3. (b) If veteran, name war: L

3. (c) Social Security No.: L

4. Sex: MALE

5. Color or race: COL

6. (a) Single, widowed, married, divorced: SINGLE

6. (b) Name of husband or wife: L

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

7. Birth date of deceased: FEB (Month) 10 (Day) 1887 (Year)

8. AGE: Years 55 Months 3 Days 16 If less than one day hr. min.

9. Birthplace: PAZZO CITY (City, town, or county) MISS (State or foreign country)

10. Usual occupation: LABORER

11. Industry or business:

FATHER 12. Name: ALEX WARD

13. Birthplace: (City, town, or county) Tex (State or foreign country)

MOTHER 14. Maiden name: Minnie Reed

15. Birthplace: Pazzo (City, town, or county) Miss (State or foreign country)

16. (a) Informant: Fannie Johnson

(b) Address: 3023 Biddison

17. (a) (Burial, cremation, or removal) (b) Date thereof: 5 29 42 (Month) (Day) (Year)

(c) Place: burial or cremation: Washington Pk

18. (a) Signature of funeral director: A.F. WALTON

(b) Address: 2707 STODARD

19. (a) MAY 28 1942 (Date received local registrar) J. J. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 26 year 1942 hour 6:55 minute P. M.

21. I hereby certify that I attended the deceased from ....., 19....., to ....., 19.....; that I last saw h..... alive on ....., 19.....; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic Nephritis	
Due to: Arterio-Sclerosis	
Due to:	
Other conditions (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? (Specify type of place)

While at work? (e) Means of injury:

23. Signature: Alfred Piers (M. D. or other)

Address: Cypress Corner Date signed 5/28/42

844 (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 Arthur L. Hellhard

Licensed Embalmer No. 4221

P. O. Address 2649 Delmar

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.