S. No. 2
M—5-42
v. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI 1-3 PM. 996231455

STANDARD CERTIFICATE OF DEATH

State File No. 9962

FILED OCT 6 1942

Registration District No. 784 Primary Registration District No. 111 Registrar's No. 1998

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Richmond Heights
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Mary's Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000 12

(c) City or town St. Louis 9
(If outside city or town limits, write "RURAL")

(d) Street No. 3650 Cote Brilliante Ave.
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country 7

3. (a) PRINT FULL NAME Kate Ward

3. (b) If veteran, name war No

3. (c) Social Security No. no

4. Sex Female

5. Color or race White

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

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

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

7. Birth date of deceased May (Month) 25 (Day) 1869 (Year)

8. AGE: Years 73 Months 4 Days 4 If less than one day ..... hr. ..... min.

9. Birthplace Co. Monaghan (City, town, or county) Ireland 4 (State or foreign country)

10. Usual occupation At Home

11. Industry or business .....

FATHER
12. Name Patrick Ward
13. Birthplace Co. Monaghan (City, town, or county) Ireland 4 (State or foreign country)

MOTHER
14. Maiden name Ann Hand
15. Birthplace Co. Monaghan (City, town, or county) Ireland 4 (State or foreign country)

16. (a) Informant Annie Carroll
(b) Address 3650 Cote Brilliante Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9- (Month) 26-42 (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Cullinane Bros.
(b) Address 1710 N. Grand Blvd.

19. (a) SEP 25 1942 (Date received local registrar) (b) E. G. McGarran M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 25 year 1942 hour 4 minute 0 a M.

21. I hereby certify that I attended the deceased from Aug 1/42 Sept 26/42, 19 to ....., 19 ....; that I last saw her alive on Sept 24, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia

Due to Left Side Cerebral Haemorrhage

Due to Fracture neck of Femur left

Other conditions
(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) Accd 129

(b) Date of occurrence 7-31-42

(c) Where did injury occur? St Agnes Home (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Homeon Richard (Specify type of place)

While at work? (e) Means of injury Tripped & fell

23. Signature [signature] (M. D. or other)

Address [illegible] Date signed 1/28/42

(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 Fred Frick

Licensed Embalmer No. 3186

P.O. Address St. Louis, Mo.

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.