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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

8897

State File No.

FILED APR 3 1943

Registration District No. 218

Primary Registration District No. 1003

Registrar's No. 2796

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: 1849a Biddle, St. 1 (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 Mo (b) County

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

(d) Street No. 1849a Biddle, St (If rural, give location)

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

If yes, name country O.

3. (a) PRINT FULL NAME Will WARE

3. (b) If veteran, name war no

3. (c) Social Security No. Unk.

4. Sex Male

5. Color or race Negro

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

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

6. (c) Age of husband or wife if alive 40 years

7. Birth date of deceased 4 (Month) — 17 (Day) — 1901 (Year)

8. AGE: Years 40 | Months 11 | Days 5 | If less than one day hr. min.

9. Birthplace Memphis (City, town, or county) Tenn (State or foreign country)

10. Usual occupation Laborer

11. Industry or business

FATHER
12. Name Unk.
13. Birthplace Unk (City, town, or county) Tenn (State or foreign country)

MOTHER
14. Maiden name Ella Thurman
15. Birthplace Unk (City, town, or county) Tenn (State or foreign country)

16. (a) Informant Esther Ware

(b) Address 1849a Biddle St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 27, 1943 (Month) (Day) (Year)

(c) Place: burial or cremation Washington Pk.

18. (a) Signature of funeral director English Ind. Co

(b) Address 2931 Lucas, ave

19. (a) MAR 24 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 22 year 1943 hour 10 minute a M.

21. I hereby certify that I attended the deceased from March 21, 1943, to March 22, 1943; that I last saw him alive on March 22, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Broncho Pneumonia	3 Days
Due to Acute Bronchitis	10 Days
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 J. T. Aldrich (M. D. or other)

Address 2618 Franklin ave Date signed 3/23/43

(Licensed Embalmer's Statement on Reverse Side) St Louis

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. Benleson English

Licensed Embalmer No. 4208

P. O. Address. 2931 Lucas, Ave

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.