

294170V

DEPARTMENT OF COMMERCE

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED AUG 21 1943

Registration District No. 317

Primary Registration District No. 3066

Registrar's No. 1853

1. PLACE OF DEATH: *St. Louis*

(a) County: _____

(b) City or town: *Fiskwood*

(c) Name of hospital or institution: *Leyer Road*

(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: *St. Louis*

(c) City or town: *Fiskwood*

(If outside city or town limits, write "RURAL")

(d) Street No.: *Leyer Road*

(If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME: *William Ward*

8. (b) If veteran, name war _____

8. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month *8* day *10th*

year *1943* hour *8:50* minute *0* M.

6. (a) Sex: *Male* 5. Color or race: *Col.*

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

6. (c) Age of husband or wife if alive: *60* years

7. Birth date of deceased: *10-5-1863*

(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from *June 5, 1943* to *Aug 10, 1943*

that I last saw him alive on *Aug 10, 1943*

and that death occurred on the date and hour stated above.

Immediate cause of death: *Chr. myocardial infarction*

Chr. atherosclerosis

8. AGE:	Years	Months	Days	If less than one day
	<i>79</i>	<i>10</i>	<i>5</i>	_____ hr. _____ min.

Due to: *Chr. nephritis*

Suicide

Due to: _____

9. Birthplace: *Okolona Miss*

(City, town, or county) (State or foreign country)

Other conditions (include pregnancy within 7 months of death): _____

10. Usual occupation: *Plasterer*

Major findings: _____

Of operations: _____

11. Industry or business: *own business*

Of autopsy: _____

12. Name: *William Ward*

Underline the cause to which death should be charged statistically: *1318*

13. Birthplace: *Columbia Tenn*

(City, town, or county) (State or foreign country)

14. Maiden name: *William Ward*

15. Birthplace: *Okolona Miss*

(City, town, or county) (State or foreign country)

16. (a) Informant's own signature: *Mrs. Jessie Ward*

(b) Address: *225 S. 4th St.*

17. (a) *Burial* (b) Date thereof: *8-14-43*

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: *Washington*

18. (a) Signature of funeral director: *G. W. Brant*

(b) Address: *1003 N. Madison*

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify): _____

(b) Date of occurrence: *8-10*

(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? _____

While at work? _____ (Specify type of place)

(e) Means of injury: _____

23. Signature: *C. Lee Reynolds* (M. D. or other) _____

Address: *243 E. 14th St.* Date signed: *8/13/43*

19. (a) *AUG 14 1943* (b) *C. Lee Reynolds M.D.*

(Date of recording) (Registrar's signature)

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MOTHER, FATHER

Form 1 (1941)

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 me

....., Registered Apprentice No.
working under my personal supervision.

Signed Clark Young
Licensed Embalmer No. 133710
P. O. Address St. Louis

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, above space should be left blank.