

FILED NOV 10 1943
Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 9465

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: Home for the Aged. 5
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME LEONA 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 Widowed

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

7. Birth date of deceased June 3, 1855.
(Month) (Day) (Year)

8. AGE: Years 88 Months 4 Days 23 If less than one day hr. min.

9. Birthplace St. Louis, Mo., (City, town, or county) (State or foreign country) 0

10. Usual occupation At home

11. Industry or business

MOTHER FATHER

12. Name Oscar Buswell
13. Birthplace Dont know (City, town, or county) (State or foreign country) 9
14. Maiden name Venturia Wright
15. Birthplace Dont know (City, town, or county) (State or foreign country) 9

16. (a) Informant Sister Ludvine
(b) Address 3400 S. Grand Blvd.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/28/43 (Month) (Day) (Year)
(c) Place: burial or cremation SS. Peter & Paul Cem.

18. (a) Signature of funeral director Suben - Bonn
(b) Address 2842 Maramec Street

19. (a) OCT 27 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis. (If outside city or town limits, write "RURAL") 12
(d) Street No. 3400 S. Grand Blvd. (If rural, give location) 976
(e) Citizen of foreign country? NO (Yes or No) 0
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 27 year 1943 hour 1 minute 8 A. M.

21. I hereby certify that I attended the deceased from 6 to Oct 27 1943 that I last saw he alive on Oct 26 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Anemia Duration 1 yr.
Arterio Sclerosis 2 yrs.

Other conditions (Include pregnancy within 3 months of death) 97

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? —

While at work? (Specify type of place) (e) Means of injury: —
23. Signature J. F. Bredeck (M. D. or other) —
Address Med. Club Bldg. Date signed 10/27/43

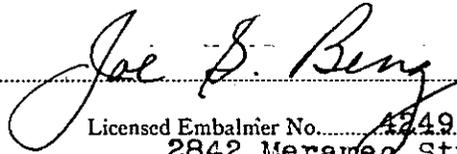
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....

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

Signed.....



Licensed Embalmer No. 4249
2842 Meramec Street
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.