

7. S. No. 2
FORM-5-43
Rev. 5-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40701**
Registrar's No. **11183**

FILED DEC 29 1943 18

Registration District No. **1125**

Primary Registration District No. **1003**

Registrar's No.

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:
En Route to City Hospital #13
(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**
(c) City or town **St. Louis** (If outside city or town limits, write "RURAL") **12 625**
(d) Street No. **218 S. Fourth St** (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country **0**

3. (a) PRINT FULL NAME **Charles H. Ward**

3. (b) If veteran, name war ********* 3. (c) Social Security No. *********

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Unknown**

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

7. Birth date of deceased **Unknown**
(Month) (Day) (Year)

8. AGE: Years **About 70** Months _____ Days _____ If less than one day _____ hr. _____ min.

9. Birthplace **Unknown** (City, town, or county) (State or foreign country)

10. Usual occupation **Pensioner**

11. Industry or business _____

12. Name **Unknown**

13. Birthplace **Unknown** (City, town, or county) (State or foreign country)

14. Maiden name **Unknown** 15. Birthplace **Unknown** (City, town, or county) (State or foreign country)

16. (a) Informant **James J. Fitzmaurice**
(b) Address **Coroners Office**

17. (a) **Removal** (b) Date thereof **Dec 15 1943**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Buffalo New York**

18. (a) Signature of funeral director **Petz Brothers**
(b) Address **DEC 15 1943 3029 Lafayette Ave**

19. (a) **DEC 15 1943** (b) **J. F. Brudack**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **14th** day **December**
year **1943** hour **2:15** minute _____ P. M.

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

Immediate cause of death **Coronary Sclerosis**
Arterio Sclerosis
Due to _____

Due to **94 a**

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

Major findings:
Of operations _____
Of autopsy _____

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) _____
(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 **car**
23. Signature **James J. Fitzmaurice** (M.D. or other)
Address **1329 6th St** Date signed **12/17/43**

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.....

Frank J. Owens

Licensed Embalmer No.

2245

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.