

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

2
43
-39
35697

Registration District No. 318

Primary Registration District No. 1003

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:
5957 Maffitt Ave /
(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 13
(c) City or town St. Louis 611
(If outside city or town limits, write "RURAL")
(d) Street No. 3957 Maffitt Ave.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Mary E. 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 Dr. Joseph A. Ward 6. (c) Age of husband or wife if alive 1851 years

7. Birth date of deceased March 29 (Month) (Day) (Year)

8. AGE: Years 93 Months 1 Days 18 If less than one day _____ hr. _____ min.

9. Birthplace Goreville Illinois (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Robert Carter
13. Birthplace Unknown 9 (City, town, or county) (State or foreign country)
14. Maiden name Unknown 9
15. Birthplace Unknown 9 (City, town, or county) (State or foreign country)

16. (a) Informant Charles S. Ward
(b) Address 3957 Maffitt

17. (a) Burial (b) Date thereof 5-19-44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Piedmont, Mo.

18. (a) Signature of funeral director Albert H. Hoppe Inc.
(b) Address 4700 Washington Blvd.

19. (a) MAY 17 1944 (b) J. F. Bredick
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 17
year 1944 hour 8 minute A.M.

21. I hereby certify that I attended the deceased from April 1944
19____ to May 17 19____
that I last saw him alive on May 17 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage (Hemiplegia right)
Due to 93
Due to 83

Other conditions Arterio Sclerosis
(Include pregnancy within 3 months of death)
Chronic bronchitis

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) TCO
(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. Bredick (M. D. or other) _____
Address 4901 E. Easton (13) Date signed 5/17/44

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.....

P. O. Address.....

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.