

FILED NOV 3 1945

Registration District No.

Primary Registration District No.

1003

Registrar's No.

9091

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

1. PLACE OF DEATH:

(a) County ST Louis

(b) City or town ST LOUIS

(c) Name of hospital or institution: 2833rd BERNARD

(d) Length of stay: In hospital or institution 2.5 yrs (Specify whether years, months or days)

3. (a) PRINT FULL NAME ANNIE WARD

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex FEMALE 5. Color of race C

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

6. (b) Name of husband or wife Webster

6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased 9 23 1895

8. AGE: Years 50 Months 0 Days 24 If less than one day hr min.

9. Birthplace NETTLETON MISS

10. Usual occupation HOUSEWIFE

MOTHER FATHER

11. Industry or business

12. Name George Allen

13. Birthplace MISS

14. Maiden name WATKINSON

15. Birthplace " "

16. (a) Informant Webster Ward

(b) Address 2833rd Bernard

17. (a) Burial (b) Date thereof 10-22-45

(c) Place: burial or cremation Greenwood

18. (a) Signature of funeral director Reginald

(b) Address 310th Washington

19. (a) OCT 22 1945 (b) J. Bredeek

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County ST LOUIS

(c) City or town ST LOUIS

(d) Street No. 2833rd BERNARD

(e) Citizen of foreign country? No

20. DATE OF DEATH: Month Oct day 17 year 45 hour 1 minute 00 P.M.

21. I hereby certify that I attended the deceased from Jan 44 to Oct 45

that I last saw him alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death Congestive Heart Failure

Due to Hypertension

Other conditions (Include pregnancy within 3 months of death)

Major findings: 95°

Of operations

Of autopsy

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 W. Young (M. D. or other) MD

Address 2316th Market Date signed Oct 23 45

844

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, W. Claude Gordon

, Registered Apprentice No. _____

working under my personal supervision.

Signed

W. Claude Gordon

Licensed Embalmer No.

3489

P. O. Address

4575 Aldine

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.