

No. 2  
 OM-5-43  
 v. 5-17-39  
 I X3667

**FILED NOV 10 1945**

Registration District No. **317** Primary Registration District No. **6076**

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

1. PLACE OF DEATH: **St Louis**  
 (a) County **St Louis**  
 (b) City or town **LeMay**  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
**821 Dammert Ave**  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
 years, months or days)

3. (a) PRINT FULL NAME **Joseph B 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 **Married**  
 6. (b) Name of husband or wife **Emma Ward** 6. (c) Age of husband or wife if alive **64** years  
 7. Birth date of deceased **March 2 1879**  
 (Month) (Day) (Year)

| 8. AGE: | Years     | Months   | Days     | If less than one day |
|---------|-----------|----------|----------|----------------------|
|         | <b>66</b> | <b>8</b> | <b>2</b> | hr. _____ min. _____ |

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

10. Usual occupation **Baker**

11. Industry or business **Not Working**

MOTHER FATHER {  
 12. Name **Frank Ward**  
 13. Birthplace **Ohio** (City, town, or county) (State or foreign country)  
 14. Maiden name **Nannie Ward**  
 15. Birthplace **Ohio** (City, town, or county) (State or foreign country)

16. (a) Informant **Emma Ward**  
 (b) Address **821 Dammert**

17. (a) (Burial, cremation, or removal) \_\_\_\_\_ (b) Date thereof **11/7/45**  
 (Month) (Day) (Year)  
 (c) Place: burial or cremation **Sup Set Burial**

18. (a) Signature of funeral director **Fendler & Co**  
 (b) Address **7420 Michigan**

19. (a) **11-7-45** (Date received local registrar) (b) **C. J. McFarland** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State **Mo** (b) County **St. Louis** **96**  
 (c) City or town **St. Louis, Mo LeMay** **0**  
 (If outside city or town limits, write "RURAL")  
**821 Dammert** **0**  
 (d) Street No. \_\_\_\_\_ (If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov** day **4** year **1945** hour \_\_\_\_\_ minute \_\_\_\_\_ M.  
 21. I hereby certify that I attended the deceased from **Mar. 15** 19 **45** to **Nov 4** 19 **45**  
 that I last saw h. **14** alive on **11-4-45** 19 \_\_\_\_\_  
 and that death occurred on the date and hour stated above.

Immediate cause of death **ag. dilatation of heart**  
**Coronary atherosclerosis**  
**chronic cardiac vascular disease**  
 Due to \_\_\_\_\_  
 Due to **ag.**

Duration **several weeks**

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

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)  
 Means of injury \_\_\_\_\_

23. Signature **Lewis S. Gendler** (M. D. or other) \_\_\_\_\_  
 Address **748 LeMay, Ferry Rd** Date signed **11/15/45**

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 3454

Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address 1811 Princeton

**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.**