

FILED MAY 17 1946

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4208

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: People's Hospital
(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)

3. (a) PRINT FULL NAME INFANT WARD

3. (b) If veteran, name war No 3. (c) Social Security No. None
4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced. Child
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased May 6, 1946
(Month) (Day) (Year)

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

9. Birthplace Saint Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business Child

12. Name Ramis Ward

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

14. Maiden name Annie E. Grey

15. Birthplace Mississippi
(City, town, or county) (State or foreign country)

16. (a) Informant Ramis Ward

(b) Address 1206 Baker Ave. E. St. Louis

17. (a) Removal (b) Date thereof 5-10-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation East St. Louis Ill

18. (a) Signature of funeral director J. D. Bredek

(b) Address 517 S. 1st St. St. Louis

19. (a) MAY 9 1946 (b) J. D. Bredek
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State St. Louis (b) County St. Louis
(c) East St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 1206 Baker Ave (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 7
year 1946 hour 7:30 minute 02 M.

21. I hereby certify that I attended the deceased from 5/7/46 to 5/7/46
that I last saw him alive on 5/7/46 and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to Pneumonia

Due to 157

Other conditions (Include pregnancy within 3 months of death)

Major findings: 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) (c) Means of injury

23. Signature H. H. Taylor (M. D. or other)

Address 1821 N. 1st St. Date signed 5/7/46

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.....

working under my personal supervision.

Signed _____

Licensed Embalmer No. 1156

P. O. Address 507 E. 14th St.

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.