

S. No. 2
M-5-43
7-5-17-39
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THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

3929199
State File No. _____
Registrar's No. 10276

FILED DEC 16 1946
318
Registration District No. _____

Primary Registration District No. _____

38014
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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: De Paul Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 Months
(Specify whether years, months or days)

In this community 60 Years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Jennie Ward

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

4. Sex Female 5. Color or race White

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

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

7. Birth date of deceased May 20 1876 1878
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	68	6	10	hr. _____ min. _____

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

10. Usual occupation At Home

11. Industry or business _____

MOTHER, FATHER { 12. Name James O'Connell

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

14. Maiden name Nora Barry

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

16. (a) Informant Helen Ward

(b) Address 7242 Moller Ave. (Maplewood)

17. (a) Burial (b) Date thereof 12-3-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Arthur J. Donnelly

(b) Address 3840 Lindell Blvd

19. (a) DEC 2 1946 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis

(c) City or town Maplewood
(If outside city or town limits, write "RURAL")

(d) Street No. 7242 Moller Ave.
(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 30th
year 1946 hour 2 minute 30 A.M.

21. I hereby certify that I attended the deceased from Nov 1, 1946 to Nov 30, 1946
that I last saw her alive on Nov 29, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis; Sudden
General arteries Scleros 5 yrs?
Senility

Due to _____

Due to _____

Other conditions 9/11
(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)

(e) Means of injury _____

23. Signature R. P. ... (M. D. or other) _____
Address 1114 N. Grand Date signed 12/2/46

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed W H Van Matre

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

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.