

No. 2
-12-45
-17-39
I X47070

FILED DEC 2 1946
318

Registration District No. 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:
Alexian Bros. Hospital
(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 Thomas M. Ward

3. (b) If veteran, name war No

3. (c) Social Security No. Unknown

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Lillie Ward

6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased April 28 1874
(Month) (Day) (Year)

8. AGE: Years 72 Months 6 Days 18 If less than one day _____ hr. _____ min.

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

10. Usual occupation Chef

11. Industry or business _____

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Lillie Ward

(b) Address 3206 S. Jefferson Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-19-46
(Month) (Day) (Year)

(c) Place: burial or cremation Wentzville, Mo.

18. (a) Signature of funeral director T. E. Pitman Fun. Home

(b) Address Wentzville, Mo.

19. (a) 19 1946 (Date received by registrar) J. P. Braden (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 3206 S. Jefferson 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 16
year 1946 hour 1 minute 30 P.M.

21. I hereby certify that I attended the deceased from October 12, 1946, to November 16, 1946
that I last saw him alive on November 16, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to Pneumonia Hypostatic Duration 1 day.

Due to End arteritis. 4 1/2 weeks.

Due to Gangrene of Right foot. 1 week.

Other conditions Intensification.

(Include pregnancy within 3 months of death)

Major findings: Gangrene of Right foot.

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) NO

(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 Julius Cha. Roller (M. D. or other) M.D.

Address 2603 Cherokee St Date signed Nov-18-46

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

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 *Elmo R Padwell*.....

Licensed Embalmer No. *4077*.....

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.