S. No. 2
M—1/47
. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

19472

State File No. .....

FILED JUN 13 1947

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 5477

1. PLACE OF DEATH:

(a) County .....

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Missouri Baptist Hospital 0
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State New York (b) County Wayne 999

(c) City or town Sodus 3
(If outside city or town limits, write "RURAL")

(d) Street No. 11 Beldon Ave. 0
(If rural, give location)

(e) Citizen of foreign country? NR. (Yes or No) 2

If yes, name country .....

3. (a) PRINT FULL NAME Charles H. Ward

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

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

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

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased March (Month) 17 (Day) 1877 (Year)

8. AGE:

Years	Months	Days	If less than one day
70	2	12	..... hr. ..... min.

9. Birthplace Wayne Co. (City, town, or county) New York (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business .....

FATHER
12. Name Harry Ward
13. Birthplace Unknown (City, town, or county) (State or foreign country) 9

MOTHER
14. Maiden name Maggie Sullivan
15. Birthplace Unknown (City, town, or county) (State or foreign country) 9

16. (a) Informant Mrs. Kate Ward
(b) Address 11 Beldon Ave., Sodus, N.Y.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 5-30-47 (Month) (Day) (Year)
(c) Place: burial or cremation Sodus, N.Y.

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.

19. (a) JUN 2 (Date received local registrar) (b) J. F. Bardeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 29 year 1947 hour 4 minute 30 P M.

21. I hereby certify that I attended the deceased from May 24, 1947, to May 29, 1947 that I last saw him alive on May 29, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death ..... Duration

Myocarditis Chr

Due to Angina Pectoris

Due to .....

Other conditions ..... (Include pregnancy within 3 months of death) 9 2 0

Major findings: Of operations Same

Of autopsy .....

PHYSICIAN

Underline the cause of 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? ..... (specify type of place) 0

While at work ..... Means of injury .....

23. Signature [signature] (M.D. or other) M.D.

Address 4952 Maryland Date signed 5/31/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Ro - 4800

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 [illegible] W Wilkerson

Licensed Embalmer No. 3575

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.