

Registration District No. **317**

Primary Registration District No. **6876**

1. PLACE OF DEATH:

(a) County **St. Louis**
(b) City or town **Jefferson Barracks, Missouri**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution **Veterans Administration Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **2 mos., 24 days**
(Specify whether **2 Months - 24 Days**)
In this community **2 Months - 24 Days**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Illinois** (b) County **Saint Clair**
(c) City or town **East St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **1839 Piggatti**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME **WARD, Mose Edward**

3. (b) If veteran, name war **WW-1**
3. (c) Social Security No. **333 01 9783**

4. Sex **Male** 5. Color or race **Negro**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Mabel**
6. (c) Age of husband or wife if alive **44** years
7. Birth date of deceased **June 11 1894**
(Month) (Day) (Year)

8. AGE: Years **53** Months **7** Days **14**
If less than one day hr. min.

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

10. Usual occupation **Steel Worker**

11. Industry or business

MOTHER FATHER
12. Name **Remos Ward**
13. Birthplace **Alabama**
(City, town, or county) (State or foreign country)
14. Maiden name **Viana Finner**
15. Birthplace **Alabama**
(City, town, or county) (State or foreign country)

16. (a) Informant **Registrar**
(b) Address **Jefferson Barracks, Mo.**

17. (a) **Burial** (b) Date thereof **1-31-48**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Nat. Cem. J.B.Mo**

18. (a) Signature of funeral director **C. J. Nash**
(b) Address **9847 Page Blvd**

19. (a) **1-29-48** (b) **Central**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **January** day **25**
year **1948** hour **3:50** minute **A.M.**

21. I hereby certify that I attended the deceased from **November 7, 1947** to **January 25, 1948**
that I last saw him alive on **January 25, 1948**
and that death occurred on the date and hour stated above.

Immediate cause of death **PNEUMOCOCCUS**

Due to **-**
Due to **- 114 b**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations
Of autopsy **No Autopsy performed**

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) **None**
(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? **L.E. Stilwell**
Signature **L.E. Stilwell** (M. D. or P.O.D.)
Address **Jefferson Barracks, Mo.** Date signed **1/26/48**

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

MAR 2 1948

FEB 7 1940

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.....

C. J. Nash

Licensed Embalmer No.....

2438

P. O. Address.....

3847 Page Court

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.

2/1/25