No. 2
-1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAY 15 1948

Registration District No. 317

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6076

State File No. 15074

Registrar's No. 1279

1. PLACE OF DEATH:
(a) County: St. Louis
(b) City or town: Jefferson Barracks
(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: 5 Days (Specify whether years, months or days)
In this community: 5 Days

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: 100
(c) City or town: St. Louis (If outside city or town limits, write "RURAL")
(d) Street No.: 1410 Aubert (If rural, give location)
(e) Citizen of foreign country? - (Yes or No)
If yes, name country: -

3. (a) PRINT FULL NAME: WARE, Jodie
3. (b) If veteran, name war: WW-2
3. (c) Social Security No.: Unknown
4. Sex: Male 2
5. Color or race: Negro
6. (a) Single, widowed, married, divorced: Married 1
6. (b) Name of husband or wife: Emma Ware
6. (c) Age of husband or wife if alive: 27 years
7. Birth date of deceased: August (Month) 27 (Day) 1915 (Year)

8. AGE: Years	Months	Days	If less than one day
32	7	26	hr. min.

9. Birthplace: Shannon, Mississippi (City, town, or county) (State or foreign country) 1
10. Usual occupation: Porter
11. Industry or business:
MOTHER FATHER
12. Name: Sam Ware,
13. Birthplace: - Mississippi (City, town, or county) (State or foreign country) 1
14. Maiden name: Ida Rose
15. Birthplace: - Mississippi (City, town, or county) (State or foreign country) 1
16. (a) Informant: Registrar, VA Hospital
(b) Address: Jefferson Barracks, Mo.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof: 4-29-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Nat'l Cem. Jeff.Bks.Mo.
18. (a) Signature of funeral director: A.F.Walton Fu.Home
(b) Address: 2707 Stoddard, St.Louis, Mo.
19. (a) 4-28-48 (Date received local registrar) (b) [illegible] MD (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 23 year 1948 hour 11:30 minute P. M.
21. I hereby certify that I attended the deceased from April 18, 1948, to April 23, 1948; that I last saw him alive on April 23, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
UREMIA	
Contributory cause: MALIGNANT HYPERTENSION	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

130

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? (Specify type of place)
While at work? (e) Means of injury:
23. Signature: L.E. Stilwell (M.D. or Coroner)
Address: VAH, Jeff. Brks., Mo. Date signed: 4/26/48

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

MAY 25 1948

MAY 27 1948

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 Arthur L. Heilliard

Licensed Embalmer No. 4221

P. O. Address 4049 St Ferdinand

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.