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FILED APR 14 1949 THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No.

No. 300
10-48

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

BIRTH NO. _____ REG. DIST. NO. 162 PRIMARY REG. DIST. NO. 5595 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>JEFFERSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rock</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>	
c. LENGTH OF STAY (In this place) <u>3</u> <u>LIFE</u>		d. STREET ADDRESS (If rural, give location) <u>1330^a So. 7th St.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Roy</u> b. (Middle) <u>CHESTER</u> c. (Last) <u>WARD</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Apr. 8 - 49</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u>	8. DATE OF BIRTH <u>FEB-10-1929</u>
9. AGE (In years last birthday) <u>20</u>		IF UNDER 1 YEAR Months <u>0</u> Days <u>28</u>	IF UNDER 1 MRS. Hours _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Un-employed</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>St. Louis, Mo.</u>
12. CITIZEN OF WHAT COUNTRY? _____		13a. FATHER'S NAME <u>LEONARD C. WARD</u>	
13b. MOTHER'S MAIDEN NAME <u>Lucy Collins</u>		14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. <u>498-26-2676</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Ida Belle Ward</u>		ADDRESS <u>1330^a So. 7th St.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.			
MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ (b) _____ (c) _____		(Verdict of Jury) a verdict of death by burning due to fire caused by accident of truck turning over on highway-61 at K highway. Imperial, Mo.	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) _____ DUE TO (c) We cannot determine no criminal liability from the evidence.	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		60226 22	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway 61</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Imperial Jefferson Mo.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Apr. 8 1949 m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>Accident</u> <u>SD</u>			
22. I hereby certify that I attended the deceased from <u>Inquest</u> , 19 <u>49</u> , to <u>Apr 8</u> , 19 <u>49</u> , that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE (Describe or title) <u>Donald M. Corona</u>		23b. ADDRESS <u>DeSoto, Mo.</u>	
23c. DATE SIGNED <u>Apr 8</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>4-11-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Matthews</u>	
24d. LOCATION (City, town, or county) <u>St. Louis, MO</u>		24e. LOCATION (City, town, or county) <u>St. Louis, MO</u>	
DATE REC'D BY LOCAL REG. <u>April 9, 49</u>		REGISTRAR'S SIGNATURE <u>Phil. J. Kirk</u>	
FUNDING AGENCY'S SIGNATURE <u>AW McLaughlin</u>		ADDRESS <u>25016 Lafayette</u>	

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8
District File Number
APR 22 1949
APR 22 1949

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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed _____

C W Cooper

Signed _____
Student Embalmer

Licensed Embalmer No. _____

3830

P. O. Address _____

2301 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.