

FILED JAN 13 1951

STANDARD CERTIFICATE OF DEATH

43816

State File No.

318

1003

10011

Registrar's No.

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		State File No.		Registrar's No.			
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY St. Louis							
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) township) 5-months		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN 446 Richmond Heights		4465					
d. FULL NAME OF HOSPITAL OR INSTITUTION On Delmar Blvd, Street Car at				d. STREET ADDRESS (If rural, give location) 6420 Clayton Road							
3. NAME OF DECEASED (Type or Print) a. (First) Rev. Peter			b. (Middle) J.		c. (Last) Ward		4. DATE OF DEATH (Month) (Day) (Year) Nov. 23, 1950				
5. SEX M.	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) S. ()		8. DATE OF BIRTH June 22, 1860		9. AGE (in years last birthday) 90	# UNDER 1 YEAR 5 Months	# UNDER 1 HR. 1 Hour	Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Catholic Priest			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Ireland			12. CITIZEN OF WHAT COUNTRY? U.S.			
13a. FATHER'S NAME Peter Ward			13b. MOTHER'S MAIDEN NAME Unknown			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) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Bishop John P. Cody, 4510 Lindell Blvd.							
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) <i>Myocarditis</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Arteriosclerosis</i> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Hypertension</i>						INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)							
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 443 X							
22. I hereby certify that I attended the deceased from <u>June 6, 1950</u> , to <u>Nov. 23, 1950</u> , that I last saw the deceased alive on <u>Nov. 22, 1950</u> , and that death occurred at <u>10:20 am.</u> , from the causes and on the date stated above.											
23a. SIGNATURE <i>Eugene A. Moore</i> M.D.				23b. ADDRESS 110 N. Morrison Collinsville, Ill.			23c. DATE SIGNED Nov. 24, 1950				
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial ()		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.					
DATE REC'D BY LOCAL REG. NOV 25 1950		REGISTRAR'S SIGNATURE <i>J. B. Pascoe</i>			FUNERAL DIRECTOR'S SIGNATURE <i>Arthur J. Donnelly</i>			ADDRESS 3840 Lindell Blvd.			

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

3

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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____

W. H. Van Matre

Signed.....

Student Embalmer

Licensed Embalmer No. 2825

P. O. Address 4340 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.