

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 10762  
2183  
Registrar's No. 1003

FILED MAR 22 1951  
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|---|--|--|--|--|--|--|--|
| BIRTH NO. _____   |  | REG. DIST. NO. <u>318</u>  |  | PRIMARY REG. DIST. NO. <u>1003</u>   |  | Registrar's No. <u>1003</u>  |  |
| 1. PLACE OF DEATH<br>a. COUNTY _____  |  |  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Mo.</u><br>b. COUNTY _____ |  |  |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis Mo.</u>   |  | c. LENGTH OF STAY (In this place) _____  |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis 2237</u>                               |  | d. STREET ADDRESS (If rural, give location) <u>108<sup>th</sup> Sidney</u> |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>108<sup>th</sup> Sidney</u>  |  |  |  |  |  |  |  |
| 3. NAME OF DECEASED (Type or Print)<br>a. Deceased <u>William</u><br>b. Attended <u>Frank</u><br>c. (Last) <u>WARE</u>  |  | 4. DATE OF DEATH (Month) (Day) (Year) <u>3-8-51</u>  |  | 5. SEX <u>Male</u>   |  | 6. COLOR OR RACE <u>White</u>  |  |
| 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED. (Specify) <u>Married</u>  |  | 8. DATE OF BIRTH <u>abt 6565</u>   |  | 9. AGE (In years, last birthday) <u>85</u>   |  | IF UNDER 1 YEAR: Months _____ Days _____                                   |  |
| 10a. USUAL OCCUPATION (Give kind of work done during last of working life, even if retired) <u>Retired</u>  |  | 10b. KIND OF BUSINESS OR INDUSTRY _____  |  | 11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u>  |  | 12. CITIZEN OF WHAT COUNTRY? _____   |  |
| 13a. FATHER'S NAME <u>Jessie WARE</u>   |  | 13b. MOTHER'S MAIDEN NAME <u>LUCINDA NULL</u>  |  | 14. NAME OF HUSBAND OR WIFE _____  |  |  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____   |  | 16. SOCIAL SECURITY NO. _____  |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MARGARET BESTLIN 2636 S. BROADWAY</u>   |  |  |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____<br><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Chronic Myocarditis</u><br>DUE TO (c) <u>Chronic Intestinal</u><br><br>II. OTHER SIGNIFICANT CONDITIONS;<br>Conditions contributing to the death but not related to the disease or condition causing death. <u>Hepatitis</u> |  |  |  | INTERVAL BETWEEN ONSET AND DEATH _____                                     |  |
| 19a. DATE OF OPERATION _____  |  | 19b. MAJOR FINDINGS OF OPERATION _____   |  |  |  | 20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) _____   |  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>   |  | 21f. HOW DID INJURY OCCUR? <u>572X</u>   |  |  |  |
| 22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, 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 <u>Frank W. Quinn</u> (Degree or title) _____  |  |  |  | 23b. ADDRESS <u>1300 Clark</u>   |  | 23c. DATE SIGNED <u>3/7/51</u>   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>   |  | 24b. DATE _____  |  | 24c. NAME OF CEMETERY OR CREMATORY <u>ST. MATTHEW</u>  |  | 24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS Mo</u>          |  |
| DATE REC'D BY LOCAL REG. <u>MAR 7 1951</u>  |  | REGISTRAR'S SIGNATURE <u>J. B. Lassiter</u>  |  | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Thomas Kuti</u>  |  | ADDRESS <u>2906 Genoa</u>  |  |

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

**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 \_\_\_\_\_

*Students of Mortuary College* ..... Student Embalmer No. ....  
working under my personal supervision.

Student .....  
Student Embalmer

Signed *James G. Lammers* .....  
Licensed Embalmer No. *4142* .....

P. O. Address *St Louis* .....

**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.**