

FILED JUL 16 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25452
5763
Registrar's No.

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. 1003

3

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2149	
d. FULL NAME OF HOSPITAL OR INSTITUTION Enroute City Hospital		STREET ADDRESS (If rural, give location) 5445 Tholozan Ave.	
3. NAME OF DECEASED (Type or Print) a. (First) ALVA b. (Middle) M. c. (Last) WARD			4. DATE OF DEATH (Month) (Day) (Year) June 26 1951
5. SEX 0 Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 22, 1903
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ass't. Comptroller-Laclede Steel Co. Chester, Ill.		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 48 11. BIRTHPLACE (State or foreign country) / 12. CITIZEN OF WHAT COUNTRY?
13a. FATHER'S NAME Henry Ward		13b. MOTHER'S MAIDEN NAME Helen Pearson	14. NAME OF HUSBAND OR WIFE Marama Ward
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.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Marama Ward 5445 Tholozan Ave.
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, asphensia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u> ANTECEDENT CAUSES <u>Coronary Sclerosis</u> DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY YES <input checked="" 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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? H201
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 <u>1201 P.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Patrick E. Taylor</u> (Degree or title)		23b. ADDRESS <u>1300 Clark</u>	23c. DATE SIGNED <u>6-26-51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Jun. 28, 1951	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Hope Cemetery</u>	24d. LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REG. JUN 26 1951		REGISTRAR'S SIGNATURE <u>J. B. Hasler</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Kriegshauser 4228 S. Kingshighway Bl.</u>

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 Richard W. Stovesand

Signed.....
Student Embalmer

Licensed Embalmer No. 4007

P. O. Address.....

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.