

5. No. 300  
V. 10-48

FILED SEP 28 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **32224**

Registrar's No. **3226**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 37 PRIMARY REG. DIST. NO. 6076

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

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Illinois</b> b. COUNTY <b>Madison</b>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>Manchester Mo. Div. 4</b> )		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Granite City</b>	
c. LENGTH OF STAY (In this place) <b>18 Days</b>		d. STREET ADDRESS (If rural, give location) <b>2120 Delmar Ave.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Pine Crest Homes</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Zetha</b> b. (Middle) <b>Thomas</b> c. (Last) <b>Ward</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Sept. 21 1951</b>		
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed 2</b>	8. DATE OF BIRTH <b>March 6, 1891</b>	9. AGE (In years last birthday) <b>60</b>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housework</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>At Home</b>	11. BIRTHPLACE (State or foreign country) <b>Dover, Tennessee</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>
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13a. FATHER'S NAME <b>James Taylor</b>	13b. MOTHER'S MAIDEN NAME <b>Unknown</b>	14. NAME OF HUSBAND OR WIFE <b>Joseph F. Ward</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give major dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Otto J. Wofford</b>	ADDRESS <b>444 State St. Granite City</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage</b>		INTERVAL BETWEEN ONSET AND DEATH <b>5 days</b> <b>2 yrs</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hypertension</b>		
	DUE TO (c) <b>331X</b>		
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 type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 7/5, 1951, to 9/22, 1951, that I last saw the deceased alive on 9/20, 1951, and that death occurred at 5:45 Pm., from the causes and on the date stated above.

23a. SIGNATURE <b>C. P. Shields</b> (Degree or title)	23b. ADDRESS <b>Kirkwood, Mo.</b>	23c. DATE SIGNED <b>9/22/51</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>Sept. 21, 1951</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Granite City</b>	24d. LOCATION (City, town, or county) (State) <b>Ill.</b>
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DATE REC'D BY LOCAL REG. <b>9-24-51</b>	REGISTRAR'S SIGNATURE <b>Robert A. Donke</b>	FUNERAL DIRECTOR'S SIGNATURE <b>Frank Mercer</b>	ADDRESS <b>Granite City</b>
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SEP 5 1958

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.

Student .....  
Student Embalmer

Signed Charles E. Meeker

Licensed Embalmer No. 2988

P. O. Address Granite City, Ill

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.