

**STANDARD CERTIFICATE OF DEATH**

35811

State File No. ....

No. 300  
10-48

**FILED NOV 2 1951**

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

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>2002</u>		Registrar's No. <u>3528</u>			
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>					
b. CITY (If outside corporate limits, write RURAL and give township) <u>University City</u>			c. LENGTH OF STAY (In this place) <u>20 Yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>University City, Mo.</u> <u>4356</u>				
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Home 7061 Corbitt Ave.</u>				d. STREET ADDRESS (If rural, give location) <u>7061 Corbitt Ave.</u>					
3. NAME OF DECEASED (Type or Print) <u>HELEN</u>			a. (First) <u>C.</u>		b. (Middle) <u>WARD</u>		c. (Last)		
4. DATE OF DEATH		(Month) <u>10</u>		(Day) <u>26</u>		(Year) <u>51</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>4-5-1911</u>			
9. AGE (In years last birthday)		<u>40.</u>		If UNDER 1 YEAR Months <u>6</u> Days <u>21</u>		If UNDER 24 HRS. Hours <u>  </u> Min. <u>  </u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>X X X X X X X X</u>			11. BIRTHPLACE (State or foreign country) <u>Piedmont, Mo.</u> <u>0</u>			
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			13a. FATHER'S NAME <u>Fred Bunyard</u>		13b. MOTHER'S MAIDEN NAME <u>Idel Clark</u>		14. NAME OF HUSBAND OR WIFE <u>Elvin Ward</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>No X X X X X X X X X X</u>			16. SOCIAL SECURITY NO. <u>X X X X X X X X X X</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Elvin Ward</u>			ADDRESS <u>Above</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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Adenocarcinoma of Breast (Right)</u>					INTERVAL BETWEEN ONSET AND DEATH <u>4 3/4 yrs</u>		
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) <u>170X</u>							
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Metastasis to entire body</u>							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Adenocarcinoma right breast 4 3/4 yrs ago</u>						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)		21d. (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?					
22. I hereby certify that I attended the deceased on _____, to _____, 19 <u>51</u> , that I last saw the deceased alive on <u>10/26</u> , 19 <u>51</u> , and that death occurred at <u>5 P.</u> m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>John A. Rogers</u>				23b. ADDRESS <u>6693 Delmar</u>			23c. DATE SIGNED <u>10/26/51</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10-27-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Co. Mo.</u>			
DATE REC'D BY LOCAL REG. <u>10-27-51</u>		REGISTRAR'S SIGNATURE <u>Hebert R. Donle</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Ray B. Smith</u>		ADDRESS <u>56 Manchester Maplewood 17, Mo.</u>			

S. R. (Licensed Embalmer's Statement on Reverse Side)

**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 *J.P. Burgess* .....

Licensed Embalmer No. *4029* .....

P. O. Address *Maplewood* .....

**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.