

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34264**
8125
Registrar's No.

FILED OCT 1 1953

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

WRITE PLAINLY—USING UNFAADING 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 Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION Deaconess Hospital		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ladue #42, d. STREET ADDRESS (If rural, give location) 9568 Park Lane	

3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM b. (Middle) EASTLAND c. (Last) WARE II			4. DATE OF DEATH (Month) (Day) (Year) 8 20 1953		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 7/7/1909	9. AGE (In years last birthday) 44	IF UNDER 1 YEAR Month(s) 1	IF UNDER 1 YEAR Days 13	IF UNDER 1 HRS. Hours 	IF UNDER 1 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) President	10b. KIND OF BUSINESS OR INDUSTRY KSTL Radio Station	11. BIRTHPLACE (City and State or Foreign Country) Manor Texas	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Wm Eastland Ware	13b. MOTHER'S MAIDEN NAME Florence Dixon	14. NAME OF HUSBAND OR WIFE Louise Davies Ware
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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. 272-14-1602	17. INFORMANT'S SIGNATURE OR NAME Mrs. Wm E. Ware	ADDRESS 9568 Park Lane Ladue
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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, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 12 mo.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) UREMIA		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) MALIGNANT HYPERTENSION 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"/>
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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) 445X
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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
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22. I hereby certify that I attended the deceased from Aug 12, 1953, to Aug 20, 1953, that I last saw the deceased alive on Aug 20, 1953, and that death occurred at 11:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE John A. Metzger M.D. (Degree or title)	23b. ADDRESS 110 S. CENTRAL AVE Clayton Mo	23c. DATE SIGNED 8-20-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 8/22/53	24c. NAME OF CEMETERY OR CREMATORY Memorial Park	24d. LOCATION (City, town, or county) (State) Austin Texas
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DATE REC'D BY LOCAL REG. AUG 21 1953	REGISTRAR'S SIGNATURE J. Earl Smith M.D.	25. FUNERAL DIRECTOR'S SIGNATURE Ambruster Mortuary	ADDRESS 6633 Clayton Road
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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 _____

Ernest W. Spillars

Licensed Embalmer No. *4080*

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.