

FILED NOV 22 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39338**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **9809**

I. 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) 10 yrs		c. CITY OR TOWN St. Louis		
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Home of G. Phillips		e. STREET ADDRESS (If rural, give location) 21 2002 A. Cole Street				
3. NAME OF DECEASED (Type or Print) a. (First) Marvin		b. (Middle)		c. (Last) Ward		
4. DATE OF DEATH (Month) (Day) (Year) 10 27 1954		5. SEX M		6. COLOR OR RACE Col.		
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 1-16-1890		9. AGE (In years last birthday) 64		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (City and State or Foreign Country) Lagrange Tenn.		
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13a. FATHER'S NAME Freeman Ward		13b. MOTHER'S MAIDEN NAME Bettie Dorse		
14. NAME OF HUSBAND OR WIFE Rosie 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 Rosie Ward, 2002 A. Cole St.		ADDRESS				
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Subarachnoid hemorrhage Compression fracture 10th dorsal vertebra suffered when deceased fell down stairs of home at 2614 Woodward St., on Oct 26, 1954 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH 10 Feb	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION at about 700 pm Accident			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) None		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) St. Louis Mo.		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Oct 26 547 pm		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? cos E9000		
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased died on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above. 21						
23a. SIGNATURE Earl Smith md		23b. ADDRESS 200 Clark		23c. DATE SIGNED 10/29/54		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 11-1-1954		24c. NAME OF CEMETERY OR CREMATORY Washington Park Cemetery		
24d. LOCATION (City, town, or county) (State) County MO.		24e. FUNERAL DIRECTOR'S SIGNATURE Gus Lowe		ADDRESS 2930 Dickson, Street		

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 Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Leroy U. Dannis*.....

Licensed Embalmer No. *452*

P. O. Address *3880 E*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.