No. 300
10-48

FILED FEB 17 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7353

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 931

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

1. PLACE OF DEATH
a. COUNTY St.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis
c. LENGTH OF STAY (in this place) 3 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Mary's Inf

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Ill. b. COUNTY St. Clair
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) E. St. Louis
d. STREET ADDRESS (If rural, give location) 4300 R. Market

3. NAME OF DECEASED (Type or Print) a. (First) Nathaniel b. (Middle) c. (Last) Ward

4. DATE OF DEATH (Month) (Day) (Year) 1-23-56

5. SEX Male **6. COLOR OR RACE** Negro **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) Married **8. DATE OF BIRTH** Mar. 7 1880 **9. AGE** (In years last birthday) 75 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Minister **10b. KIND OF BUSINESS OR INDUSTRY** **11. BIRTHPLACE** (State or foreign country) Miss **12. CITIZEN OF WHAT COUNTRY?** USA

13a. FATHER'S NAME (?) Ward **13b. MOTHER'S MAIDEN NAME** Unknown **14. NAME OF HUSBAND OR WIFE** Elizabeth

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **16. SOCIAL SECURITY NO.** _____ **17. INFORMANT'S SIGNATURE OR NAME** Mary Lee Ward ADDRESS 804 S. 47th St

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia Uremia — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES Hypertensive heart disease

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Hypertensive Heart Disease

DUE TO (c) Nephritis Nephritis

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** 593 X **20. AUTOPSY?** YES ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐ **21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased from* 12/30 *19*55*, to* 1/23/56 *, that I last saw the deceased alive on* 1/23/56 *19*__*, and that death occurred at* 40 *m., from the causes and on the date stated above.*

23a. SIGNATURE Edgar F. Woodson (Degree or title) M.D. **23b. ADDRESS** 2229 St. Louis E. St. Louis Ill. **23c. DATE SIGNED** 1/26/56

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial **24b. DATE** 1-27-56 **24c. NAME OF CEMETERY OR CREMATORY** Booker Washington **24d. LOCATION** (City, town, or county) Centerville (State) Ill

DATE REC'D BY LOCAL REG. JAN 27 1956 **REGISTRAR'S SIGNATURE** Earl Smith M.D. **25. FUNERAL DIRECTOR'S SIGNATURE** R.M.C. Green **ADDRESS** 4060 Washington

(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 Edgar H. Green

Licensed Embalmer No. 4521

P. O. Address 4060 Washington

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.