

Health, Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-020257
STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **473A**

FILED MAY 26 1958
1. PLACE OF DEATH
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE **Illinois** b. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **St. Louis, Mo.** Inside Limits Yes No
c. CITY OR TOWN **East St. Louis** Inside Limits Yes No

40 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **St. Louis Little Rock, Hopp. Inc** Length of stay in lb **26 days** d. STREET ADDRESS (If outside, give location) **9900 South Road** Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First **Milton** Middle **Forest** Last **Ward** 4. DATE OF DEATH Month **May** Day **1** Year **1958**

5. SEX **Male** 6. COLOR OR RACE **White** 7. MARRIED NEVER MARRIED WIDOWED DIVORCED 8. DATE OF BIRTH **January 11, 1893** 9. AGE (In years birthday) **65** 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) **Chief Draftsman** 10b. KIND OF BUSINESS OR INDUSTRY **Railroad** 11. BIRTHPLACE (City and state or country) **Belleville, Illinois** 12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **Louis T. Ward** 13b. MOTHER'S MAIDEN NAME **Bina Bauer** 14. NAME OF HUSBAND OR WIFE **Zuleime**

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give dates of service) **yes W.W.#1** 16. SOCIAL SECURITY NO. **702-12-4314** 17. INFORMANT Address **Mrs. Jane Oehmke. E. St Louis Ill**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) **Cardiac Failure, Chronic**
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) **Gouty Arthritis**
DUE TO (c) **Anemia, severe**
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) **285X**
INTERVAL BETWEEN ONSET AND DEATH **6 Mo**
10 Years
2 Years

20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE WORK 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from **4-6-58** to **5-1-58** and last saw ~~him~~ ^{her} alive on **5-1-58** Death occurred at **1:50A** m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **R C Freeman, M.D.** 22b. ADDRESS **1755 S. Grand Ave** 22c. DATE SIGNED **5-2-58**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Belleville Ill** 23b. DATE **5-3-58** 23c. NAME OF CEMETERY OR CREMATORY **Mt. Hope Cemetery** 23d. LOCATION (City, town, or county) (State) **Belleville Illinois**

24. FUNERAL DIRECTOR ADDRESS **R C Freeman Jr E. St Louis Ill.** 25. DATE RECD. BY LOCAL REG. **MAY 2 '58** 26. REGISTRAR'S SIGNATURE **Carl Smith MD**

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

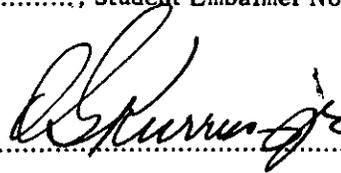
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 

Licensed Embalmer No. 3162
P. O. Address E. St. Houer I

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.