

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-027540
STATE FILE NUMBER

FILED JUL 21 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6931

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo.</i> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>St. Louis</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>St. Louis</i>
16. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Mo. Baptist Hospital</i>		Length of stay in 1b <i>3-wks.</i>	d. STREET ADDRESS <i>3716a Lee Ave.</i>
3. NAME OF DECEASED (Type or print) First <i>Bessie</i> Middle <i>H.</i> Last <i>Ward</i>			4. DATE OF DEATH Month <i>July</i> Day <i>10</i> Year <i>1958</i>
5. SEX <i>F.</i>	6. COLOR OR RACE <i>W.</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>Feb. 9, 1906</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Machine Operator, Bussmann Co.</i>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <i>52</i>
11. BIRTHPLACE (City and state or country) <i>Peoria, Ill.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>	
13a. FATHER'S NAME <i>James Barrett</i>		13b. MOTHER'S MAIDEN NAME <i>Helen Unknown</i>	14. NAME OF HUSBAND OR WIFE <i>Euclid Ward</i>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO.	17. INFORMANT Address <i>Mrs. Ethel P. Wolff, 3716 Lee Ave.</i>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Right pneumonia and atelectasis acute</i>			INTERVAL BETWEEN ONSET AND DEATH <i>1 day</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Secondary hemorrhage abdominal</i>			<i>1 day</i>
DUE TO (c) <i>Hypo-prothrombinemia Hypo-fibrinogenemia</i>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Hypo-prothrombinemia Hypo-fibrinogenemia</i>			
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <i>296X</i>		
20c. TIME OF INJURY Hour a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	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 <i>June 10, 1958</i> to <i>7-9-58</i> and last saw her alive on <i>7-9-58</i> Death occurred at <i>3:45 am</i> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>Dominic J. Verda M.D.</i>		22b. ADDRESS <i>45000 live</i>	22c. DATE SIGNED <i>7-10-58</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>July 14, 1958</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Memorial Park Cemetery</i>	23d. LOCATION (City, town, or county) <i>St. Louis County, Mo.</i>
24. GENERAL DIRECTOR <i>Arthur J. Donnelly</i>	ADDRESS <i>3840 Lindell Blvd.</i>	25. DATE RECD. BY LOCAL REG. <i>JUL 1 1958</i>	26. REGISTRAR'S SIGNATURE <i>Carl Smith Mo</i> <i>msb</i>

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. 4699

P. O. Address 3840 Lindell

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.