

THE DIVISION OF HEALTH OF MISSOURI!
STANDARD CERTIFICATE OF DEATH

58-035040
STATE FILE NUMBER

FILED SEP 29 1958

Registration District No. 317 Primary Registration District No. 548 Registrar's No. 2459

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Webster Groves		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Webster Groves
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 109 West Cedar		Length of stay in 1b At home	d. STREET ADDRESS (If outside, give location) 109 West Cedar
3. NAME OF DECEASED (Type or print) First Middle Last RACHEL WARD			4. DATE OF DEATH Month Day Year Sept. 23, 1958
5. SEX F	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH June 5, 1873
9. AGE (In years last birthday) 85		10. UNDER 1 YEAR Months Days	11. UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At home	11. BIRTHPLACE (City and state or country) Marthyr. Tydvil, S. Wales
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME John Davies	
13b. MOTHER'S MAIDEN NAME Jessie Morgan		14. NAME OF HUSBAND OR WIFE Howard E. 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. None	17. INFORMANT Address P. O. Klingensmith, 4232 W. Pine
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage left DUE TO (b) Arteriosclerotic Vascular DUE TO (c) disease Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH 36 hrs chr.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 331x			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2.
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		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 <input type="checkbox"/> NOT WHILE WORK <input checked="" type="checkbox"/> AT WORK		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION Webster Groves		COUNTY STATE Mo.	
21. I attended the deceased from Sept 1957 , to Sept 23 1958 and last saw ^{her} him alive on Sept 23 1958 Death occurred at 2 15 P. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE. (Degree or title) D. H. Seabough M.D.		22b. ADDRESS Webster Groves Mo	
22c. DATE SIGNED 9/24/58			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 9-26-58	
23c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park		23d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.	
24. FUNERAL DIRECTOR ADDRESS Parker-Aldrich, Webster Groves		25. DATE RECD. BY LOCAL REG. 9-24-58	
26. REGISTRAR'S SIGNATURE Dr. Heckerl... Dombke			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. 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 *Herbert J. Lee Jr.*

Licensed Embalmer No. *4800*

P. O. Address *Richwood, W. Va.*

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.