

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-015905

STATE FILE NUMBER

Registrar No. 3522

XC-7 950 975

WED MAY 1 1959 Registration District No.

Primary Registration District No.

Registrar No.

3522

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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 VAH, ST. LOUIS, MO.		c. CITY OR TOWN GRANITE CITY	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VAH, 915 NO. GRAND AVE. 47 DAYS		d. STREET ADDRESS (If outside, give location) 2200 WOODLAWN AVE.	
3. NAME OF DECEASED (Type or print) First Middle Last HARRY G. WARD		4. DATE OF DEATH Month Day Year 4/8/59	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 3/8/19
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SALESMAN	9b. KIND OF BUSINESS OR INDUSTRY UNKNOWN	9c. BIRTHPLACE (City and state or country) GRANITE CITY, ILL.	9d. CITIZEN OF WHAT COUNTRY? U.S.A.
10a. FATHER'S NAME HARRY R. WARD	10b. MOTHER'S MAIDEN NAME LETA MARIE GEARING	10c. NAME OF HUSBAND OR WIFE MARILYN WARD	
11. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW-II	12. SOCIAL SECURITY NO. 355-03-8540	12. INFORMANT Address VAH, 915 NO. GRAND AVE., ST. LOUIS, MO.	
13. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PULMONARY EMBOLISM RHEUMATIC HEART DISEASE Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) - - - 416X - DUE TO (c) - - - - - PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e) - - - - -			13. INTERVAL BETWEEN ONSET AND DEATH 15 DAYS
14a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> NONE <input type="checkbox"/>	14b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		
15c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
16d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> WORK AT WORK	16e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	16f. CITY, TOWN, OR LOCATION	16g. COUNTY STATE
17. Attended the deceased from 2/20/59 to 4/8/59 and last saw him alive on 4/8/59		Death occurred at 7:50 AM m on the date stated above; and to the best of my knowledge, from the causes stated.	
18a. SIGNATURE <i>J. Young M.D.</i>	18b. ADDRESS VAH, ST. LOUIS, MO.	18c. DATE SIGNED 4/8/59	
19a. BURIAL, CREMATION, REMOVAL (Specify) Removal	19b. DATE 4-9-59	19c. NAME OF CEMETERY OR CREMATORY Sunset Hill Cemetery	19d. LOCATION (City, town, or county) (State) Edwardsville, Illinois
20. FUNERAL DIRECTOR Leonard Davis	20. ADDRESS Granite City, Illinois	21. DATE RECD. BY LOCAL REG. APR 9 '59	22. REGISTRAR'S SIGNATURE <i>Earl Smith M.D.</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

Th. J. B.

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 Not Embalmed, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed Lernard Davis
Licensed Embalmer No.
P. O. Address

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.