

IRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH 2 2586 - [REDACTED] - [REDACTED]

FILED VS MAR 11 1960

STATE FILE NUMBER
60-009035

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

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| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis | | Length of stay in 1b 43 yrs. | c. CITY OR TOWN St. Louis Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Homer G. Phillips | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) 4138 Fairfax Ave. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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| 3. NAME OF DECEASED (Type or print) First Middle Last Mert Emerson Ward | | | 4. DATE OF DEATH Month Day Year March 2, 1960 | | | |
| 5. SEX Male | 6. COLOR OR RACE Negro | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH July 4, 1897 | 9. AGE (last birthday) 62 yrs. | IF UNDER 1 YEAR Months Days Hours Min. | IF UNDER 24 HR Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bondsman | | 10b. KIND OF BUSINESS OR INDUSTRY Bonding | | 11. BIRTHPLACE (City and state or country) Beech Bluff, Tenn. | | 12. CITIZEN OF WHAT COUNTRY U. S. A. |
| 13a. FATHER'S NAME Albert M. Ward | | 13b. MOTHER'S MAIDEN NAME Susie Young | | 14. NAME OF HUSBAND OR WIFE Mrs. Lucille Ward | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes World War I | | 16. SOCIAL SECURITY NO. 490-38-3799 | | 17. INFORMANT Mrs. Lucille Ward Address 4138 Fairfax Ave. | | |

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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: | | INTERVAL BETWEEN ONSET AND DEATH 3/13/59 |
| IMMEDIATE CAUSE (a) Hypertensive Cardiovascular Disease | | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | DUE TO (b) 443X | |
| DUE TO (c) | | |

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| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Pedal Edema | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | |
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| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.) | |
| 20c. TIME OF INJURY Hour Month, Day, Year 10/26/49 | | 20d. INJURY OCCURRED WHILE AT WORK <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 **10/26/49** to **2/11/60** and last saw her him alive on **2/11/60**
Death occurred at **3:15 a.m.** on the date stated above, and to the best of my knowledge, from the causes stated.

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| 22a. SIGNATURE Alva Moore, M.D. (Degree or title) | 22b. ADDRESS 4501a Boston Avenue | 22c. DATE SIGNED 3/4/60 |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE Mar. 8, 1960 | 23c. NAME OF CEMETERY OR CREMATORY Washington Park | 23d. LOCATION (City, town, or county) (State) 5500 Brown Rd. St. Louis, Mo. |
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| 24. FUNERAL DIRECTOR Bruce Funeral Home ADDRESS 446 Washington | 25. DATE RECD. BY LOCAL REG. MAR 5 1960 | 26. REGISTRAR'S SIGNATURE Earl Smith, M.D. |
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DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

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 Frederick P. Stark

Licensed Embalmer No. 4599

P. O. Address St. Louis

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.