

AMENDED FILED Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3527 STATE FILE NUMBER

1. PLACE OF DEATH
 a. COUNTY _____
 b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN ST LOUIS, Length of stay in 1b _____
 c. FULL NAME OF HOSPITAL OR INSTITUTION CHRISTIAN HOSPITAL Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE MISSOURI b. COUNTY _____
 c. CITY OR TOWN ST LOUIS, Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) 4712 PENROSE ST. Reside on Farm Yes No

3. NAME OF DECEASED First Middle Last 4. DATE OF DEATH Month Day Year
FLORIDA (FLORA) WARD APRIL 11, 1961

5. SEX FEMALE 6. COLOR OR RACE WHITE 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 11/27/1880 9. AGE (last birthday) 80
 IF UNDER 1 YEAR Months Days IF UNDER 24 HR 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 _____ 11. BIRTHPLACE (City and state or country) ST LOUIS MISSOURI 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME EUGENE FLEMING 13b. MOTHER'S MAIDEN NAME CATHERINE HAYES 14. NAME OF HUSBAND OR WIFE EDWARD 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 EDWARD WARD 4712 PENROSE ST

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) MASSIVE CEREBRAL HAEMORRHAGE INTERVAL BETWEEN ONSET AND DEATH 6 1/2 hours
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) HYPERTENSIVE HEART DISEASE 10 years
 DUE TO (c) 443X

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____ PART III. If deceased was female was there a pregnancy in last 90 days. Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 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 a.m. p.m. Month, Day, Year _____

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT 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 Jan. 1931 to Apr. 11, 1961 and last saw her/him alive on Apr. 11, 1961
 Death occurred at 8:30 P.M. 8:30 p m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Robert O. M. Elvain M.D. 22b. ADDRESS 4020a W. Florissant Ave., (7) 22c. DATE SIGNED 4-13-61

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 23b. DATE 4/14/61 23c. NAME OF CEMETERY OR CREMATORY CALVARY CEMETERY 23d. LOCATION (City, town, or county) (State) ST LOUIS MISSOURI ST LOUIS MISSOURI

24. FUNERAL DIRECTOR ADDRESS STROOT - CARROLL 4600 NATURAL BRIDGE 25. DATE RECD. BY LOCAL REG. APR 14 1961 26. REGISTRAR'S SIGNATURE Loed Smith, M.D.

DATE AMENDED
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF

M. E. Livan
4020 W. Florence
1:00 TO 5:00 PM

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 *M. E. Rueter*

Licensed Embalmer No. *4865*
P. O. Address *St Louis, MO*

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.