

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-045030
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED FILED

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **10940**

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 (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **Homer G. Phillips Hosp.** 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) **1910 A Belt Avenue** Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last
Celestia Ware

4. DATE OF DEATH Month Day Year
11 11 62

5. SEX **Male** 6. COLOR OR RACE **Colored** 7. Married Never Married Widowed Divorced
8. DATE OF BIRTH **3-19-19** 9. AGE (last birthday) **43 yrs.** 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) **Labor** 10b. KIND OF BUSINESS OR INDUSTRY **None** 11. BIRTHPLACE (City and state or country) **Arkansas** 12. CITIZEN OF WHAT COUNTRY **U.S. A.**

13a. FATHER'S NAME **Henry Ware** 13b. MOTHER'S MAIDEN NAME **Julia Hodges** 14. NAME OF HUSBAND OR WIFE **Ella Ware**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **Yes World War # 2** 16. SOCIAL SECURITY NO. _____ 17. INFORMANT Address **Ella Ware-1910 A Belt Ave.**

18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) **Coronary Occlusion;**
DUE TO (b) **Hypertension.**
DUE TO (c) **4201**

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

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 _____ to _____ and last saw her/him alive on _____
Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree of Physician) **[Signature]** 22b. ADDRESS **1500 Clark** 22c. DATE SIGNED **11-14-62**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 23b. DATE **11-14-1962** 23c. NAME OF CEMETERY OR CREMATORY **Pasadena, Calif.** 23d. LOCATION (City, town, or county) (State) _____

24. FUNERAL DIRECTOR **Ellis Funeral Home-2820 Stoddard St.** ADDRESS _____ 25. DATE RECD. BY LOCAL REG. **NOV 14 1962** 26. REGISTRAR'S SIGNATURE **Boad Smith, M.D.**

VS 300 Rev. 4/59
1
2 **206**
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12 **77-3**
13

DATE AMENDED
INSTEAD OF
SHOULD READ

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
DOCUMENT
MEDICAL CERTIFICATION
BY AFFRUIT OF **Sept 20 1962**

USE BLACK INK OR TYPEWRITER RIBBON

77

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 *Arthur E. Cook*

Licensed Embalmer No. 4198

P. O. Address *Alhambra, Cal.*

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.