

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-009577

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 1304

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED FEB 19 1963

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Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

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SHOULD READ

ITEM NO.

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SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **St. Louis** Length of stay in 1b **1 Hr.**

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR **St. Louis-Little Rock Hospitals, Inc.** Inside Limits Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE **Missouri** COUNTY

c. CITY OR TOWN **St. Louis** Inside Limits Yes  No

d. STREET ADDRESS **3664 Washington Blvd #9** (If outside, give location) **Sir Walter Raleigh Apartments** Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First **William** Middle **Lee** Last **Ward**

4. DATE OF DEATH Month **Feb.** Day **6** Year **1963**

5. SEX **Male**

6. COLOR OR RACE **White**

7. Married  Never Married  Widowed  Divorced

8. DATE OF BIRTH **6-16-02**

9. AGE (last birthday) **60**

IF UNDER 1 YEAR Months Days Hours Min. IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Maintenance Man**

10b. KIND OF BUSINESS OR INDUSTRY **Real Estate Management Co St. Charles, Mo.**

11. BIRTHPLACE (City and state or country) **U.S.A.**

13a. FATHER'S NAME **John Lee Ward**

13b. MOTHER'S MAIDEN NAME **Eliza Belle Showers**

14. NAME OF HUSBAND OR WIFE **Wife - Martha**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates) **Unknown**

16. SOCIAL SECURITY NO. **3**

17. INFORMANT Address **Martha Ward 3664 Washington Blvd**

18. CAUSE OF DEATH (Enter only one cause if PART I: DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

**Acute myocardial Failure**

DUE TO (b)

**Chronic atherosclerotic Heart Disease & Heart Failure**

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

DUE TO (c)

**malnutrition 4200**

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 **Feb 5, 1963** and last saw him **for** alive on **Feb 6** Death occurred at **12.31** **A** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **John A. Hartwig M.D.**

22b. ADDRESS **1755 So Grand Ave**

22c. DATE SIGNED **Feb 6**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Removal**

23b. DATE **2-6-63**

23c. NAME OF CEMETERY OR CREMATORY **Mt. Olivet Cemetery**

23d. LOCATION (City, town, or county) (State) **Hannibal, Mo.**

24. FUNERAL DIRECTOR ADDRESS **Smith Funeral Home, Hannibal, Missouri.**

25. DATE RECD. BY LOCAL REG. **FEB 6 1963**

26. REGISTRAR'S SIGNATURE **Paul Smith, M.D.**

USE BLACK INK OR TYPEWRITER RIBBON

**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 John Penbley

Licensed Embalmer No. 653

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.