

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

29759

1. PLACE OF DEATH

County.....

Registration District No. **791**
1003

File No.

Township.....

Primary Registration District No.

Registered No. **8794**

City **St. Louis, Mo.**

(No. **City Hosp. 22**) Ward

2. FULL NAME

Orange Ware

(a) Residence, No. **1941-72 Harrison St.** Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **male** 4. COLOR OR RACE **Colored** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED **married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR WIFE OF) **Sadie Ware**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Unknown**

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
67	7			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Laborer**

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Florida**

13. NAME **Fate Ware**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Virginia**

15. MAIDEN NAME **Essie Stamps**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Virginia**

17. INFORMANT (ADDRESS) **Sadie Ware 1041 W. Harrison Ave**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Father Delks** DATE **8/17**, 19**37**

19. UNDERTAKER (ADDRESS) **A. L. Beal, Ford Co. 2726 Lucas Ave**

20. FILED **AUG 17 1937** **W. C. Harlow** Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Aug. 13, 1937**

22. I HEREBY CERTIFY, That I attended deceased from **70** to **70** **Physician Attendance**

I last saw him alive on 19..... Death is said to have occurred on the date stated above, at **4:30 a.m.**

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis
930

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury 19.....

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify. **J. W. Keener** M.D.

(Signed) **J. W. Keener** M.D. **By: [Signature]**

Exact statement of OCCUPATION is very important. PHYSICIANS should state their terms, so that it may be properly classified.

