

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

23604

Do not use this space.

1. PLACE OF DEATH AUG 12 1938

(a) County Registration District No. 791 ✓
 (b) Township Primary Registration District No. 1003
 (c) City St. Louis, Mo (d) Street No. Jewish Hospital St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. 6298

2. PRINT FULL NAME Jane Ellen Ward
 (a) Residence, No. 4468 Castleman St. 17
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Thomas E. Ward Sr.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 31, 1873

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
 64 11 12

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as 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) Columbus, Ohio

FATHER 13. NAME Edward Winters

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER 15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Thomas E. Ward Jr. (ADDRESS) 4468 Castleman

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cemetery DATE July 16, 1938

19. FUNERAL DIRECTOR Eithd E. Ambruster (ADDRESS) 4234 Manchester Ave.

20. FILED JUL 14 1938 J. F. Bredack Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 13, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 27, 1938, to July 13, 1938
 I last saw him alive on July 13, 1938 Death is said to have occurred on the date stated above, at 9:10 a.m.

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

Cardiac De-compensation
 Coronary Occlusion
 Chr. Hepatitis
 Diabetes Mellitus
 Gen. Arteriosclerosis

Date of onset
 June 27
 July 13

Other contributory causes of importance:
 Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy? No

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? No
 If so, specify
 (Signed) Harold Scheff, M. D.
 (Address) 703 Lawrence Street

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed

Howard F. Rowland

Licensed Embalmer No. 3114

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

Vertical text on the right edge of the page, including "STATEMENT BY LICENSED EMBALMER" and "M.B.I." at the bottom.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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CERTIFICATE OF DEATH

23604

Do not use this space.

1. PLACE OF DEATH *St Louis*
- (a) County *St Louis* Registration District No. *791*
(b) Township..... Primary Registration District No. *1003*
(c) City..... (d) Street No..... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.
2. PRINT FULL NAME *Jane Ellen Ward*
- (a) Residence, No. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX *F* 4. COLOR OR RACE *W* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *W*

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

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

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
64 11 12

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

9. Industry or business in which work was done, as 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)

FATHER 13. NAME

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

MOTHER 15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE ..19.

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED *SEP - 2 1908* *J. D. Prudeak* Local Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *July 13*, 19*08*
22. I HEREBY CERTIFY, That I attended deceased from to, 19.....
I last saw h..... alive on, 19..... Death is said to have occurred on the date stated above, at, m.
The principal cause of death and related causes of importance were as follows:

Date of onset

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.....
(Signed) *Harold Seiff* M. D.
(Address) *103 Univ City Bldg*

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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