

MAY 10 1939

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

13011

Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. 791
 (b) Township..... Primary Registration District No. 1008
 or St. Louis Mo. (c) City..... Registered No. 3353
 (d) Street No. 1297 Hamilton 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

(a) Residence, No. 630 Elizabeth Ward St. 5
 1297 Hamilton. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 16th, 1872.

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
 66 5 24

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. H. wife.
 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) Germantown Ill. (STATE OR COUNTRY)

13. NAME Father Clements Coers

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

15. MAIDEN NAME Mother Un'kn.

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

17. INFORMANT Roy Ward (ADDRESS) 1295 Hamilton.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Breese Ill. DATE 4/12/39

19. FUNERAL DIRECTOR (NAME) A. H. Hopps, Inc. (ADDRESS) 4700 Washington Ave.

20. FILED APR 10 1939 J. F. [Signature] Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 10 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec 23, 1938, to April 8, 1939

I last saw her alive on 4-8-39, 1939 Death is said

to have occurred on the date stated above, at 2 A.M.

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

Date of onset

Chronic myocarditis

Other contributory causes of importance:

Chronic Cardiac
 J. R. Best
 Name of operation Breast was removed 1/39
 What test confirmed diagnosis? Symptoms Date of [unclear] Was there an autopsy? [unclear]

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? none Date of injury [unclear], 19 [unclear]

Where did injury occur? none (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury none

Nature of injury none

24. Was disease or injury in any way related to occupation of deceased?

If so, specify none

(Signed) J. F. [Signature], M. D.

(Address) 206 Lincoln Blvd

(Licensed Embalmer's Statement on Reverse Side)

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

V. S. NO. 2. 50M-9-12-38

I X16805

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Albert G. Hoff

Licensed Embalmer No.....

2971

P. O. Address.....

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 this body is not embalmed, above space should be left blank.