

Registration District No. **701**

Primary Registration District No. _____

Registrar's No. **9445**

1. PLACE OF DEATH: **1008**
 (a) County _____
 (b) City or town **St. Louis**
 (c) Name of hospital or institution: **Deaconess Hospital**
 (d) Length of stay: In hospital or institution _____
 In this community _____
 years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County _____
 (c) City or town **St. Louis**
 (d) Street No. **5863 Romaine Place**
 (e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME **Wayne Dwyer Ward**
 8. (b) If veteran, name war **No** 3. (c) Social Security No. **None**

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **Nov 3** day **Third**
 year **1939** hour **9 25** minute _____ M.

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
 6. (b) Name of husband or wife **Louis G. Ward** 6. (c) Age of husband or wife if alive **50** years
 7. Birth date of deceased **December 30, 1888**
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Oct 23** 1939 to **Nov 3** 1939
 that I last saw **her** alive on **Nov 3** 1939
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
50 **10** **3** _____ hr. _____ min.

Immediate cause of death **acute dilatative of heart** Duration **1 day**

9. Birthplace **St. Louis Missouri**
 (City, town, or county) (State or foreign country)

Due to **acute Hepatitis** 10 days
Cholecystitis 10 days
Cholelithiasis 10 days

10. Usual occupation **House Wife**
 11. Industry or business _____

Other conditions **Cholelithiasis, Cholecystitis, Appendicitis, Endocarditis**
 (Include pregnancy within 3 months of death)

MOTHER FATHER
 12. Name **James Wilder**
 13. Birthplace **St. Louis Missouri**
 14. Maiden name **Annie Lane**
 15. Birthplace **Ireland**

PHYSICIAN
 Major findings: **Cholelithiasis, Appendicitis, Hepatitis**
 Of operations _____
 Of autopsy **not done**
 Underline the cause to which death should be charged statistically.

16. (a) Informant's own signature **Louis G. Ward**
 (b) Address **5863 Romaine Place**

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____

17. (a) **Burial** (b) Date thereof **November 6, 1939**
 (c) Place: burial or cremation **Calvary Cemetery**

(c) Where did injury occur? _____
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

18. (a) Signature of funeral director **Chas. J. Stuart**
 (b) Address **1275 Union Blvd.**
 19. (a) **NOV 4 1939** (b) **J. F. Budich**

While at work? _____ (Specify type of place) (c) Means of injury _____
 23. Signature **Louis G. Ward** (M. D. or other) _____
 Address **Metropolitan Bldg** Date signed **11/3/39**

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 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 S. Hopper*

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.