

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
DEC 13 1939

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 38171  
Registrar's No. 10010

Registration District No. Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH:  
(a) County 1  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Deaconess Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 11 Days  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Chester E. Ward 620  
8. (b) If veteran, name war \_\_\_\_\_ 8. (c) Social Security No. \_\_\_\_\_  
4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased June 6 1906  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
33 5 14 \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Montana  
(City, town, or county) (State or foreign country)

10. Usual occupation Chesker  
11. Industry or business Hotel Jefferson

MOTHER FATHER  
12. Name William K. Ward 4  
13. Birthplace England  
(City, town, or county) (State or foreign country)  
14. Maiden name Anna Lyons  
15. Birthplace Montana  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Aurora Pulsen  
(b) Address 1322 St. Ange St

17. (a) Burial (b) Date thereof Nov 24 1939  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation New St. Marcus Cemetery

18. (a) Signature of funeral director Peetz Brothers  
(b) Address 3029 Lafayette Ave

19. (a) NOV 24 1939 (b) J. D. Baudeck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County 1  
(c) City or town St. Louis 22  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1322 St. Ange St  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month 20 day Nov  
year 1939 hour 11 minute 00 A. M.  
21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Apoplexy Duration  
Burns of forehead and scalp  
Received about 12.30 AM  
Due to October 12 1939, when  
Coffee urn exploded and  
Due to healed, displaced at  
Jefferson Hotel  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: 181  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) Accident  
(b) Date of occurrence Oct 12 1939  
(c) Where did injury occur? St. Louis, Mo  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Industrial  
While at work \_\_\_\_\_ (Specify type of place) (e) Means of injury Burns  
23. Signature J. D. Baudeck (M. D. or other) \_\_\_\_\_  
Address \_\_\_\_\_ Date signed Nov 25

PHYSICIAN  
Underline the cause to which death should be charged statistically.

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**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.....

*Walter J. Owens*

Licensed Embalmer No. *2245*

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.**