

JAN 12 1940
Registration District No. 231

Primary Registration District No. _____

Registrar's No. 11116

1. PLACE OF DEATH: 1008
 (a) County _____
 (b) City or town St. Louis, Missouri
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: City Hospital, #1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 17 days
 (Specify whether
 In this community 8 yrs.
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County X
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. Ozanam Shelter
3225 Montgomery (If rural, give location)
 (e) If foreign born, how long in U. S. A. ? years.

3. (a) PRINT FULL NAME Harry Ward 630
 3. (b) If veteran, name war X Unknown
 3. (c) Social Security No. Unknown

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month November day 29,
 year 1939 hour 4:30 minute _____ A. M.

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Single
 6. (b) Name of husband or wife X Unknown
 6. (c) Age of husband or wife if alive X years
 7. Birth date of deceased November 10, 1872
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from November 14, 19 39 to November 29, 19 39; that I last saw him alive on November 29, 19 39; and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
67 --- 19 --- ---
 hr. min.

Immediate cause of death Chronic Myo. cavellitis
 Duration _____

9. Birthplace England
 (City, town, or county) (State or foreign country)
 10. Usual occupation Nil.

Due to _____
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____

11. Industry or business ---
 MOTHER FATHER { 12. Name Handel Ward
 13. Birthplace England
 (City, town, or county) (State or foreign country)
 14. Maiden name ?? Oden
 15. Birthplace England
 (City, town, or county) (State or foreign country)

Major findings: Of operations
 Of autopsy _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

16. (a) Informant's own signature Ann Morrison
 (b) Address City Hospital, #1
 17. (a) _____ (b) Date thereof 12-6-39
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Washington D.
 18. (a) Signature of funeral director W. R. Richter
 (b) Address 3500 Rutgers
 19. (a) DEC 28 1939 (b) _____
 (Date received local registrar) (Signature of registrar)

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____ (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
 While at work? _____ (Specify type of place) (e) Means of injury _____
 23. Signature Rev. M. Pike (M. D. or other)
 Address 1515 Lafayette 11/29/39 Date signed

I 19351 WORLD FATHER USE UNFOLDING BACK INK—MAKE 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.

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.....

Licensed Embalmer No.....

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.