

Registration District No. 791

Primary Registration District No. 1003

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:
Christian Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____
(c) City or town St. Louis 2
(If outside city or town limits, write "RURAL")
(d) Street No. 5128 Rosa Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 2nd
year 1940 hour 7:05 minute A.M. M.

21. I hereby certify that I attended the deceased from April
30, 1940 to June 2, 1940
that I last saw him alive on June 1st, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death:
non-epidemic, Purulent
Cerebral meningitis acute
Due to Absorption of Cerebral
matter following abscessed
Due to appendix operated
March 6 - 1940
Other conditions: none
(Include pregnancy within 3 months of death)

Duration

7 days

PHYSICIAN

Major findings:
Of operations abscessed appendix
Of autopsy none
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: not
(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? _____

23. Signature W. N. Gilbert (Specify type of place) _____ (M. D. or other) _____
Address 2739 N. Grand Date signed 6/2/40

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

3. (a) PRINT FULL NAME John F. Ward 630
3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Clara Ward 6. (c) Age of husband or wife if alive 52 years
7. Birth date of deceased Sept. 19 1879
(Month) (Day) (Year)

8. AGE: Years 60 Months 8 Days 13 If less than one day _____ hr. _____ min.

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

10. Usual occupation Commercial Agent

11. Industry or business Federal Barge Lines

12. Name Thomas Ward

13. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Mary Byrne

15. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Clara Ward

(b) Address 5128 Rosa Ave.

17. (a) Burial (b) Date thereof 6-5-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Kriegshauser Mortuary

(b) Address 4228 So. Kingshighway

19. (a) JUN 3 1940 (b) J. F. Brudek
(Date received local registrar) (Registrar's signature)

DR. GILBERT
2739 N. Grand Blvd. 10-11 A.M.

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 *Edwin J. McDerwatt*

Licensed Embalmer No. 3024

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.