

S. No. 2
-11-10-39
5-17-39
I X 1122

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

22781

State File No. _____

Registration District No. 113

Primary Registration District No. 113

Registrar's No. 1224

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Florissant
(c) Name of hospital or institution: St. Stanislaus Seminary
(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 St. Louis
(c) City or town Florissant
(d) Street No. _____
(e) If foreign born, how long in U. S. A. ? _____ years.

8. (a) PRINT FULL NAME Bro. John Ward S.J. 1.30

3. (b) If veteran, name war no 3. (c) Social Security No. none

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 July 6 1859

8. AGE: Years 80 Months 11 Days 22 If less than one day _____ hr. _____ min.

9. Birthplace Ireland

10. Usual occupation Religious a member of

11. Industry or business the Jesuit Order

12. Name Michael Ward

13. Birthplace Ireland

14. Maiden name Catherine Degen

15. Birthplace Ireland

16. (a) Informant Bro. Jennings

(b) Address Florissant Mo.

17. (a) Burial (b) Date thereof July 1 1940

(c) Place: burial or cremation St. Stanislaus Cem.

18. (a) Signature of funeral director Jos. W. Clark

(b) Address 1125 Hodiamont Ave.

19. (a) JUN 29 1940 (b) _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 28 year 1940 hour 7 minute 45 A.M.

21. I hereby certify that I attended the deceased from July 4 1940 to June 28 1940
that I last saw him alive on June 21 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Infarction
Due to Arterio Sclerosis

Other conditions 93d 2
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy _____

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? 707

(e) Means of injury _____
23. Signature J. J. Dauter (M. D. or other) 1
Address Humboldt Rd Date signed 6-28-40

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

680

MOTHER FATHER

(Licensed Embalmer's Statement on Reverse Side)

1-3 P.M.
Dr. Tainter F. J.,
539 N. Grand Blvd.,
Je. 8128.

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.....

Mark L. Tiemon

Registered Apprentice No. *174*

working under my personal supervision.

Signed.....

[Signature]
Licensed Embalmer No. *3225*

P. O. Address *1125 hodiamont Ave.*

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.