

No. 2
4-13-40
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

20257

State File No. _____

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 5069

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution City Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day
Specify whether _____
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis 1718
(If outside city or town limits, write "RURAL")
(d) Street No. 2914 Caroline Ave
(If rural, give location)
(e) If foreign born, how long in U.S. No attending Physician years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 20
year 1941 hour 6¹⁰ minute A M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Meningitis
(Pneumococcus)
Due to Acute Media Otitis
Other conditions _____
(Include pregnancy within 3 months of death)
Major findings: _____
Of operations _____
Of autopsy _____
89a

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

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)
(b) Means of injury _____
23. Signature Walter J. Perry (M.D. or other) _____
Address _____ Date signed 6/20/41

3. (a) PRINT FULL NAME Dania Beatrice Ward

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced widow

6. (b) Name of husband or wife Hiram B Ward 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased April May 5 1893
(Month) (Day) (Year)

8. AGE: Years 48 Months 2 Days 15 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Henry David Ellis

13. Birthplace Ark.
(City, town, or county) (State or foreign country)

14. Maiden name Neturia Holoper

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

16. (a) Informant David A. Ward

(b) Address Scott Field, Ill.

17. (a) Burial (b) Date thereof 6-23-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Aurora, Mo.

18. (a) Signature of funeral director Aurora Funeral Home

(b) Address Aurora, Mo.
19. (a) JUN 20 1941 (b) J. J. Bredenk
(Date received local registrar) (Registrar's signature)

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

71
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17
99

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..... *John Ketter*.....
Licensed Embalmer No. *3880*.....
P. O. Address: *St. Louis, Mo.*.....

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, fact should be so stated above.