

STANDARD CERTIFICATE OF DEATH

State File No.

15610

Registration District No.

Primary Registration District No.

Registrar's No.

867

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Ashton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
9243 Coral Dr.
(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 St. Louis
(c) City or town Ashton
(If outside city or town limits, write "RURAL")
(d) Street No. 9243 Coral Dr.
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Audrey C. Ward

3. (b) If veteran, name war None 3. (c) Social Security No. 494-07-9453

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

6. (b) Name of husband or wife Frank J. Ward 6. (c) Age of husband or wife if alive 27 years

7. Birth date of deceased Dec. 25th 1911
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
30 3 23 hr. min.

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

10. Usual occupation Shipping clerk

11. Industry or business Wolff Printing Co.

MOTHER FATHER { 12. Name Charles Strobl

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

14. Maiden name Emma Dolly

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

16. (a) Informant Frank J. Ward

(b) Address 9243 Coral Dr.

17. (a) Burial (b) Date thereof 4-20-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus Cemetery

18. (a) Signature of funeral director Kriegshauser Mortuaries

(b) Address 4228 So. Kingshighway Blvd.

19. (a) APR 18 1942 (b) C. G. Mc...
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 17
year 1942 hour 1 minute 18 P.M.

21. I hereby certify that I attended the deceased from 1-17-1942
1942 to 4-17-1942
that I last saw h.e. alive on 4-17-1942
and that death occurred on the date and hour stated above.

Immediate cause of death
Melanoma Quercorn
Liner
Due to Melanoma Eye pri.
Due to
Other conditions 55e
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings:
Of operations
Of autopsy same

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 P. B. Casal (M. D. or other) MD
Address 3284 Franklin Ave. Date signed 4-17-42

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

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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..... *Edwin D. Mc Dermott*

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, fact should be so stated above.