

FILED NOV 30 1942  
318

1003

Registrar's No. 9643

Registration District No. .... Primary Registration District No. ....

1. PLACE OF DEATH:  
(a) County.....  
(b) City or town..... St. Louis Mo.  
(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..... two weeks  
(Specify whether  
In this community.....  
years, months or days)

3. (a) PRINT FULL NAME Celia Stroh 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 married  
6. (b) Name of husband or wife..... Thomas Ward 6. (c) Age of husband or wife if alive..... 48 years  
7. Birth date of deceased July 18, 1894  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
48 4 0 ..... hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name..... Joseph Knebel  
13. Birthplace St. Louis  
(City, town, or county) (State or foreign country)  
14. Maiden name..... Unknown  
15. Birthplace..... 9  
(City, town, or county) (State or foreign country)

16. (a) Informant..... Thomas Ward  
(b) Address..... 6303 Lucille

17. (a) Burial (b) Date thereof Nov. 20 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... Calvary Cemetery  
18. (a) Signature of funeral director..... Bromschwig Und. Co.  
(b) Address..... 4746 West Florissant Ave.

19. (a) NOV 19 1942 (b) J. F. Biedeck  
(Data received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State..... Missouri (b) County..... 000  
(c) City or town..... St. Louis (If outside city or town limits, write "RURAL") 17  
(d) Street No. 6303 Lucille (If rural, give location) 97  
(e) Citizen of foreign country?..... (Yes or No) 0  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... Nov. day..... 18  
year..... 1942 hour..... 6 minute..... 45 A.M.  
21. I hereby certify that I attended the deceased from 11-5  
....., 1942 to..... 11-18....., 1942

that I last saw him alive on..... 11-17....., 1942  
and that death occurred on the date and hour stated above.  
Immediate cause of death..... Toxemia Duration

Due to..... Carcinoma in right lower abdomen  
Due to.....

Other conditions..... acute anemia  
(Include pregnancy within 3 months of death)

Major findings: abscess in lower abdomen PHYSICIAN  
Of operations..... as above  
Primary site of cancer  
Of autopsy..... carcinoma of st. ovary  
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.....  
23. 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?  
(Specify type of place)

While at work?..... (a) Means of injury.....  
23. Signature..... Frank L. Bauweld (M.D. or other) M.D.  
Address..... 4155 N. Newstead Date signed..... 11-19-42

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

MOTHER FATHER

APR 19 1959  
415591  
W. W. Wilkinson

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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 W. W. Wilkinson

Licensed Embalmer No. 3575

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.