

S. No. 2
M-9-4-41
v. 5-17-39
I X29484

42108

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 15 1943
MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.
Registrar's No. 2514

Registration District No. 784 Primary Registration District No. 17

96
7
4

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Webster Groves
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 31 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County St. Louis
(c) City or town Webster Groves
(d) Street No. 457 Ridge Ave
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME Edgar M Ward
(b) If veteran, name war: Nil
(c) Social Security No. Nil

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 12 day 2 year 1944 hour 12 minute 15 A.M.
21. I hereby certify that I attended the deceased from 11-29-42 to 12-1-42
that I last saw him alive on 12-1-42 and that death occurred on the date and hour stated above.

4. Sex M. 5. Color or Race W 6. (a) Single, widowed, married, divorced Married
(b) Name of husband or wife Louise Norcom Ward 6. (c) Age of husband or wife if alive 83 years
7. Birth date of deceased: Dec 20 1854
(Month) (Day) (Year)

Immediate cause of death: Myocardial Infarction
Duration: ?

8. AGE: Years 87 Months 11 Days 12 If less than one day hr. min.

Due to: Pulmonary edema 6 hr

9. Birthplace Bridgeton Mo 0
(City, town, or county) (State or foreign country)
10. Usual occupation Retired 30 years

Due to: 93d
Other conditions (Includes pregnancy within 3 months of death)

11. Industry or business
12. Name Veneritis Ward
13. Birthplace England
14. Maiden name Lothia Stetenoath
15. Birthplace New York N.Y.
(City, town, or county) (State or foreign country)

Major findings: Of operations: _____
Of autopsy: _____
PHYSICIAN: _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Alfred Norcom
(b) Address 4517 Ridge Ave
17. (a) Cremation (b) Date thereof 12/3
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation No Cremation

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? _____

18. (a) Signature of funeral director Walter Edward Stone
(b) Address Webster Groves Mo
19. (a) DEC 3 1944 (b) E. M. De Haven
(Date received local registration) (Registrar's signature)

While at work? _____ (Specify type of place) (c) Means of injury 5
23. Signature Carl G. ... (M. D. or other) MD
Address Webster Groves Date signed 12-3-42

JAN 22 1947

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.....

Wilford G Burnley

Licensed Embalmer No. *42020*

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.