

FILED AUG 7 1943

318

1003

Registration District No.

Primary Registration District No.

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:  
1415 N. Broadway /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution None  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1415 N. Broadway  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

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17  
925

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

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow  
6. (b) Name of husband or wife Frank M. Ward 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased September 15, 1860  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
82 10 12 hr. min.

9. Birthplace Belleville Ills. /  
(City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Theodore Von Joerg  
13. Birthplace Unknown Germany /  
(City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown Germany /  
(City, town, or county) (State or foreign country)

16. (a) Informant Charles P. Ward  
(b) Address 1415 N. Broadway  
17. (a) Burial (b) Date thereof 7/30/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Math Hermann & Son  
(b) Address 216 East Fair Ave

19. (a) 111 29 1943 (b) J. F. Budeck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 27th  
year 1943 hour 9:00 PM minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from July 29  
1943 to July 27 1943  
that I last saw her alive on July 27 1943  
and that death occurred on the date and hour stated above.  
Immediate cause of death Cerebral apoplexy Duration \_\_\_\_\_

Due to Senility  
Due to \_\_\_\_\_  
Other conditions Senile Arteriosclerosis  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
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)  
Means of injury \_\_\_\_\_  
23. Signature Dr. Harry Rich (M. D. seal)  
Address 1829 Cass St Date signed July 28/43

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

**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 William G. Buchholz

Licensed Embalmer No. 26110

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.**