

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED NOV 29 1943 318

1003

Registration District No. _____

Primary Registration District No. _____

Registrar's No. 9989 ✓

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:
6152 Waterman Avenue
(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 Missouri (b) County Madison

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 6152 Waterman Avenue
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME EMMA LUCHJENS 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 Divorced

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

7. Birth date of deceased: 11 (Month) 14 (Day) 1864 (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 15 year 1943 hour 7 minute 30 A. M.

21. I hereby certify that I attended the deceased from Nov. 1, 1941 to Nov. 15, 1943 that I last saw him alive on Nov. 15, 1943 and that death occurred on the date and hour stated above.

8. AGE: Years 79 Months 0 Days 1 If less than one day _____ hr. _____ min.

9. Birthplace Germany (City, town, or county) _____ (State or foreign country) 4

Immediate cause of death: Secondary aneurism

Due to Carcinoma, stomach

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: H/O

Of operations _____

Of autopsy _____

10. Usual occupation Home

11. Industry or business _____

12. Name Unknown

13. Birthplace Unknown (City, town, or county) _____ (State or foreign country) 9

14. Maiden name Unknown

15. Birthplace Unknown (City, town, or county) _____ (State or foreign country) 9

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 _____

16. (a) Informant Mrs. Leona Hecker
 (b) Address 5922 Clemens Avenue

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 11-16-1943 (Month) (Day) (Year)
 (c) Place: burial or cremation Valhalla Crematory

18. (a) Signature of funeral director Alexander & Sons
 (b) Address 6175 Delmar Blvd.
NOV 15 1943

19. (a) _____ (Date received local registrar) (b) J. J. Bradish (Registrar's signature)

23. Signature W. J. ... (M. D. or other) MD
 Address 402 Rister Alley Date signed 11-15-43

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

844

(Licensed Embalmer's Statement on Reverse Side)

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 *Thomas R. Fenwick*.....

Licensed Embalmer No. *3793*.....

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.