

FILED OCT 20 1944
Registration District No. 318

Primary Registration District No. 1003

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

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:
3207 A. Kossuth AVE.
 (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)

3. (a) PRINT FULL NAME Jewell Allen WARE
 3. (b) If veteran, name war.....
 3. (c) Social Security No.....

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Eva Idelle
 6. (c) Age of husband or wife if alive 35 years
 7. Birth date of deceased Aug. 30, 1905
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
39 1 26 hr. min.

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

10. Usual occupation Chauffeur

11. Industry or business Hyde Park Brewery

12. Name Jewell Ware

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

14. Maiden name Unknown

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

16. (a) Informant Eva Idelle Ware

(b) Address 3207 A Kossuth Ave.

17. (a) Burial (b) Date thereof 10-7-44
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Arthur Donnelly

(b) Address 3840 Franklin

19. (a) OCT 6 1944 (b) J. F. Brantley
 (Date received local registrar's certificate) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County.....
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 3207 Kossuth Ave.
 (If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 4,
 year 1944 hour 6:30 minute P. M.

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....;
 that I last saw h..... alive on....., 19.....,
 and that death occurred on the date and hour stated above.

Immediate cause of death..... Duration.....
Coronary Thrombosis
 Due to.....
 Due to.....
 Other conditions..... (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) (e) Means of injury 3
 23. Signature James J. F. Brantley (M.D. or other)
 Address 1306 1/2 Maple Date signed 10/15/44

10/1/19

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 H Van Matre
Licensed Embalmer No. 2825
P. O. Address 4340 Lafayette

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.