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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 1 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 26245

Registration District No. 318 Primary Registration District No. Registrar's No.

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

60
17
9

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: St. Louis City Hospital-Max C. Starkloff Memorial
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 24 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 1003 7322

(a) State Missouri (b) County 0 00
(c) City or town St Louis 17 26
(If outside city or town limits, write "RURAL")
(d) Street No. 1421 Monroe 9
(If rural, give location)
(e) Citizen of foreign country? No 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME ELLEN WARE

3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex F 1
5. Color or race W
6. (a) Single, widowed, married, divorced W 7
6. (b) Name of husband or wife Lance Ware
6. (c) Age of husband or wife if alive years
7. Birth date of deceased March (Month) 2 (Day) 1856 (Year)

8. AGE:	Years	Months	Days	If less than one day
	89	5	19	hr. min.

9. Birthplace Sullivan County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation at home
11. Industry or business

FATHER
12. Name ---- Harris
13. Birthplace Unknown (City, town or county) Unknown (State or foreign country) 4

MOTHER
14. Maiden name Malinda Emaline Owens
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country) 9

16. (a) Informant Mrs Florence Barfield
(b) Address 1421 Monroe
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof August 23 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Concordia Cemetery
18. (a) Signature of funeral director Beiderwieden Funeral Home Inc
(b) Address 1936 St Louis Avenue
19. (a) (Date received by registrar) AUG 22 1945 (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 21st year 1945 hour 2;08 minute P M.
21. I hereby certify that I attended the deceased from 8/21/45, 19, to 8/21/45, 19; that I last saw her alive on 8/21/45, 19; and that death occurred on the date and hour stated above.

Immediate cause of death arteriosclerotic Heart Disease

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 93

Major findings:
Of operations
Of autopsy Same

Duration

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? (Specify type of place)
While at work? (e) Means of injury
23. Signature Herbert C. Fritz (M. D. or other)
Address 1515 Lafayette 8/21/45 Date signed

(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 Felix J. Krispin

Licensed Embalmer No. 3497

P. O. Address 1936 St. Louis Av

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.