

S. No. 2
M-2-43
7-5-17-39
P-1 X35697

DEPARTMENT OF COMMERCE
BUREAU OF PUBLIC HEALTH
FILED MAR 27 1946 STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10830

State File No. _____
Registrar's No. 648

Registration District No. 317 Primary Registration District No. 6076

1. PLACE OF DEATH:
St. Louis
(a) County Jefferson Barracks
(b) City or town _____
(c) Name of hospital or institution:
Veterans Administration Hospital
(d) Length of stay: In hospital or institution Since 3/9/46
In this community 16 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(d) Street No. 4300 St. Ferdinand Street
(e) Citizen of foreign country? No

3. (a) PRINT NAME WARD, Posey W.
(b) If veteran, name war World I
(c) Social Security No. 488302906

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 15
year 1946 hour 6:05 minute P M.

4. Sex Male 5. Color or race Negro
6. (a) Single, widowed, married, divorced, separated Separated
(b) Name of husband or wife Melvina Ward
(c) Age of husband or wife if alive Unknown years
7. Birth date of deceased: February 11 1894
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 3/9/46 to 3/15/46
that I last saw him alive on March 15, 1946
and that death occurred on the date and hour stated above.

8. AGE: Years 52 Months 1 Days 4
If less than one day _____ hr. _____ min.

Immediate cause of death: EMBOLISM, CEREBRAL
Duration UNK

9. Birthplace: Tulsa, Oklahoma
10. Usual occupation: Sta. Boiler Fireman

Due to 93A
Due to _____

11. Industry or business _____
12. Name William Ward
13. Birthplace Texas
14. Maiden name Viola MacNeil
15. Birthplace Alto, Texas

Other conditions: ENDOCARDITIS, MYOCARDITIS
CHRONIC; ARTERIOSCLEROSIS
Major findings: No Operation
Of autopsy: No Autopsy

16. (a) Informant Clinical Clerk Vet. Adm. Hosp.
(b) Address Jefferson Barracks, Missouri
17. (a) Burial (b) Date thereof: 3-19-46
(c) Place: burial or cremation National Cemetery
18. (a) Signature of funeral director Chas. J. Gates
(b) Address 4107 Finney Ave.
19. (a) 3-19-46 (b) Wm. H. Harned

Physician UNK
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) No
(b) Date of occurrence _____
(c) Where did injury occur? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work L. E. Stilwell of injury 0
23. Signature L. E. Stilwell, M.D. (M. D. or other) 3/16/46
Address Vet. Adm. Hosp. Jeff. Brks. Mo. Date signed _____

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
96
0
0
9742

MAR 24 1947

APR 1 1946

MAR 29 1945

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.....

Thomas J. Gates

....., Registered Apprentice No.

working under my personal supervision.

Signed.....



Licensed Embalmer No. 4259

P. O. Address 4107 Finney Ave.

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.