

U.S. No. 2
 FORM-5-43
 Rev. 5-17-39
 1 X36871

THE STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **19021**
 Registrar's No. **4209**

FILED MAY 31 1946
 Registration District No. **318**

Primary Registration District No. **1003**

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

17899

1. PLACE OF DEATH:
 (a) County St. Louis
 (b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: People's Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
(Specify whether years, months or days)

3. (a) PRINT FULL NAME INFANT WARD
 3. (b) If veteran, name war NO
 3. (c) Social Security No. None

4. Sex Male 2 5. Color or race Negro
 6. (a) Single, widowed, married, divorced Child
 6. (b) Name of husband or wife.....
 6. (c) Age of husband or wife if alive..... years
 7. Birth date of deceased May 6, 1946
(Month) (Day) (Year)

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

9. Birthplace Saint Louis Missouri
(City, town, or county) (State or foreign country)
 10. Usual occupation Child

11. Industry or business.....
 12. Name Ramis Ward
 13. Birthplace Alabama
(City, town, or county) (State or foreign country)
 14. Maiden name Annie E. Grey
 15. Birthplace Mississippi
(City, town, or county) (State or foreign country)

16. (a) Informant Ramis Ward
 (b) Address 1206 Baker Ave. E. St. Louis
 17. (a) Removal (b) Date thereof 5-10-46
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation.....

18. (a) Signature of funeral director J. F. Bredeck
 (b) Address 3517 Saelede Ave
 19. (a) MAY 9 1946 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County St. Louis
 (c) City or town East St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 1206 Baker Ave
(If rural, give location)
 (e) Citizen of foreign country?.....
(Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month May 1 day 7
 year 1946 hour 1:30 minute 0 M.

21. I hereby certify that I attended the deceased from 5/7/46
 19..... to 5/7/46 19.....
 that I last saw h..... alive on 5/7/46 19.....
 and that death occurred on the date and hour stated above.

Immediate cause of death.....
Cerebral

Due to.....
 Due to.....
 Other conditions.....
(Include pregnancy within 3 months of death)

PHYSICIAN
 Major findings:
 Of operations.....
 Of autopsy.....

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)
 (c) Means of injury.....
 23. Signature J. F. Bredeck (M. D. or other) 640
 Address 1421 Kansas Date signed 5/7/46

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.....

Not Embalmed

Registered Apprentice No.....

working under my personal supervision.

Signed *A. M. Green*.....

Licensed Embalmer No. *1173*.....

P. O. Address *3517 Sacldean*.....

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.