S. No. 2
OM—2-43
v. 5-17-39
I X35097

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

22308

FILED JUN 26 1946

State File No.

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 5335

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:
1027 Louisville 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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 0-0-0

(c) City or town St. Louis 4-7
(If outside city or town limits, write "RURAL")

(d) Street No. 1027 Louisville Ave
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Ora Mary Ware

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 Single

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased November 24th, 1893
(Month) (Day) (Year)

8. AGE: Years 52 Months 6 Days 21 If less than one day hr. min.

9. Birthplace Shenandoah (City, town, or county) Iowa (State or foreign country)

10. Usual occupation Clerk

11. Industry or business Unemployed

FATHER
12. Name John W Ware
13. Birthplace (City, town, or county) Iowa (State or foreign country)

MOTHER
14. Maiden name Eliza Peck
15. Birthplace (City, town, or county) Mo (State or foreign country)

16. (a) Informant Mrs. David A. Ritchie
(b) Address 1027 Louisville Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/17/46 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Cemetery

18. (a) Signature of funeral director Robert J. Ambruster Inc
(b) Address 6633 Clayton Road

19. (a) JUN 17 1946 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 15th, year 1946 hour 2.25 minute A M.

21. I hereby certify that I attended the deceased from 10-15-45, 19 to 6/15/46, 19 ; that I last saw er alive on 6/14/46, 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrhage	24 hrs
Due to	
Due to	
Other conditions: Multiple Sclerosis (Include pregnancy within 3 months of death)	1 yr

Major findings:
Of operations

Of autopsy No

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 E. H. Bowdern (M. D. or other)
Address 634 North Grand Ave Date signed 6/15/46

(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.....

Licensed Embalmer No.....

P. O. Address.....

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.