

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED NOV 25 1946**  
Registration District No. **318**

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

38855  
State File No. \_\_\_\_\_  
Registrar's No. **9771**

Primary Registration District No. **1003**

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

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:  
Homer G Phillips Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 46 days  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1901 Belleglade ~~Belleglade~~ Belleglade  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Elizabeth McGiffort (Ward)

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

4. Sex Female 5. Color or race C  
6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Briscoe Ward  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased unavailable abt. 1866  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
about 80 - - - hr. min.

9. Birthplace Knoxville Ala.  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business ---

12. Name Richard McGifford

13. Birthplace Athens Ga.  
(City, town, or county) (State or foreign country)

14. Maiden name Lettie Holly

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

16. (a) Informant Al McGifford

(b) Address 1901 Belleglade Ave.

17. (a) Burial (b) Date thereof 11/16/1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director Chas. J. Gates

(b) Address 4107 Binney Ave.

19. (a) NOV 15 1946 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 11  
year 1946 hour 9 minute 15 A. M.

21. I hereby certify that I attended the deceased from 8-26, 1946, to 11-11, 1946;  
that I last saw her alive on November 11, 1946,  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Antrum  
Duration Undet.

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions None  
(Include pregnancy within 3 months of death)

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury 0  
23. Signature W. C. Neward (M. D. or other)  
Address 2601 N Whittier Date signed 11/12/46

**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.....

Charles J. Gates

working under my personal supervision.

Registered Apprentice No.....

Signed.....

Licensed Embalmer No. 1825

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.**