

No. 2
-12-43
-17-39
K 47070

FILED MAR 31 1947
Registration District No. 318

1003

Primary Registration District No. _____

Registrar's No. 3080

1. PLACE OF DEATH:

(a) County St. Louis, Missouri

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Enroute City Hospital 3
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 25-17
(If outside city or town limits, write "RURAL.")

(d) Street No. 1616a Franklin Avenue. 9
(If rural, give location) 0

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Charles Ward

3. (b) If veteran, name war None

3. (c) Social Security No. 496-12-5539

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 6
year 1947 hour 11 minute 22 M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Eunice Ward

6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased About 1880?
(Month) (Day) (Year)

Immediate cause of death 1. Hemiparesis Duration _____
from laceration of heart
fracture both legs when
he fell from a third floor
window while working
found at 11:10
am around 11:22 a.m.
March 6, 1947

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence March 6, 1947
(c) Where did injury occur? at home
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
at home

8. AGE: Years Months Days If less than one day
abt - 66? ? ? hr. min.

9. Birthplace Unknown Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Window Washer

11. Industry or business _____

12. Name Unknown Ward

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

14. Maiden name Unknown

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

16. (a) Informant Eunice Ward

(b) Address 3818 West Minister Place

17. (a) Burial (b) Date thereof 3/22/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Albert H. Hoppe, Inc.

(b) Address 4700 Washington Blvd.

19. (a) MAR 23 1947 (b) J. F. Budack
(Date received local registrar) (Registrar's signature)

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings:
Of operations _____
Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence March 6, 1947
(c) Where did injury occur? at home
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
at home

(Specify type of place) _____ (e) Means of injury _____

23. Signature John E. Taylor (M.D. or other) _____
Address 1011 N. 10th Date signed 3/22/47

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

MOTHER FATHER

1953 29 6861

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.....

Arthur G. Kopp

Licensed Embalmer No..... 2971

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.