

No. 2  
-12-45  
5-17-39  
X47070

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

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED NOV 28 1947

318

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

1003

State File No. 40303  
Registrar's No. 10144

Registration District No. 318 Primary Registration District No.

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town St. Louis  
(c) Name of hospital or institution Jewish Hospital  
(d) Length of stay: In hospital or institution  
In this community

3. (a) PRINT FULL NAME John W. Ward  
3. (b) If veteran, name war No  
3. (c) Social Security No. None

4. Sex Male, Color White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Edith Ward  
6. (c) Age of husband or wife alive 47 years  
7. Birth date of deceased July 25, 1880

8. AGE: Years 67, Months 3, Days 17, If less than one day

9. Birthplace England  
10. Usual occupation Mfg's. Representative

11. Industry or business  
12. Name Leigh Ward  
13. Birthplace England  
14. Maiden name Florence Williamson  
15. Birthplace England

16. (a) Informant Mrs. Edith Ward  
(b) Address 4903 Delmar Blvd.

17. (a) Removal (b) Date thereof Nov. 14/47  
(c) Place: burial or cremation Rantoul, Illinois

18. (a) Signature of funeral director Jos. W. Clark  
(b) Address 1125 Hodiamont Ave.

19. (a) NOV 13 1947 (Date received local registrar)  
J. P. Bridgman (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo. (b) County  
(c) City or town St. Louis  
(d) Street No. 4903 Delmar Blvd.  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Nov day 12, year 1947 hour 7:22 minute A.M.  
21. I hereby certify that I attended the deceased from Sep 29 1947 to Nov 11 1947  
that I last saw him alive on 11/11/47 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion  
Duration 1+ days  
Due to  
Due to  
Other conditions:  
Major findings:  
Of operations  
Of autopsy Coronary occlusion

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?  
(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 Melton A. Spitz (M. D. or other)  
Address 462 N. Taylor St. Date signed 11/12/47

Melton A Spitz

Dr. Milton A. Spitz  
462 N. Taylor Ave.,

**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 *Alfred J. Boedeker*  
Licensed Embalmer No. 2663

P. O. Address.....1125 Hodiament 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.