2
47
39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 30 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 3210

Registrar's No. 655

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

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: 4425 Forest Park Blvd
(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

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

(d) Street No. 4425 Forest Park Blvd
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Elizabeth Daisy Ward

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 February 14 1886
(Month) (Day) (Year)

8. AGE: Years 61 Months 11 Days 6 If less than one day hr. min.

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

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name John C. Ward
13. Birthplace Missouri
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Elizabeth Fitzwilliams
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Madeline Schlich
(b) Address 4425 Forest Park Blvd

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-23-1948
(Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Ziegenhain Bros
(b) Address 6409 Gravois Ave

19. (a) JAN 22 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 20 day January
year 1948 hour 12:30 minute P. M.

21. I hereby certify that I attended the deceased from Jan - 1 - 1944 to Jan 20 1948
that I last saw her alive on Jan - 20 - 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Hypertensive Cardio-Vascular Renal Disease	4 yrs
Due to: Apoplexy	4 yrs
Due to:	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause of 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 Dr. A. J. Ragadonek (M. D. or other)
Address 4390 W Pine Ave Date signed 1-21-48

Jefferson City Printing Co.

(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.....Homer H. Fritz.....

Licensed Embalmer No.....3882.....

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.