

FILED FEB 14 1949

STANDARD CERTIFICATE OF DEATH

State File No. 3637

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>6076</u>		Registrar's No. <u>9618</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Koch (rural)</u>		c. LENGTH OF STAY (in this place) <u>836 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Robert Koch Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>1115 North Channing</u>			
3. NAME OF DECEASED (Type or Print) <u>Virginia</u>		a. (First)		b. (Middle) -----		c. (Last) <u>Ward</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>January 10, 1949</u>		5. SEX <u>Female</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Separated</u>	
8. DATE OF BIRTH <u>June 16, 1912</u>		9. AGE (In years last birthday) <u>36</u>		IF UNDER 1 YEAR Months <u>6</u> Days <u>25</u>		IF UNDER 4 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Maid</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Jackson, Tennessee</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Benjamin Patterson</u>		13b. MOTHER'S MAIDEN NAME <u>Virginia Jackson</u>		14. NAME OF HUSBAND OR WIFE <u>Lonnie Ward</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>496-18-1807</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Hospital Records, Koch Hospital</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Tuberculosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>???</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>1027</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>9-27-46</u> , 19____, to <u>1-10-49</u> , 19____, that I last saw the deceased alive on <u>Jan. 10</u> , 19 <u>49</u> , and that death occurred at <u>2:30</u> a.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Harold G. Russell, M.D.</u>				23b. ADDRESS <u>Robert Koch Hospital</u>		23c. DATE SIGNED <u>1-10-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1/10/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Greenwood</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, MO.</u>	
DATE REC'D BY LOCAL REG. <u>1-13-49</u>		REGISTRAR'S SIGNATURE <u>Harold G. Russell</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>John J. Houston</u>		ADDRESS <u>2829, Washington, B.</u>	

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

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

James Phyll
Licensed Embalmer No. *4441*
P. O. Address *2829 Washington*

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.