

FILED JUL 8 1949

162

5595

Registrar's No.

| | | | | | | | |
|---|--------------------------------|--|--|---|-------------------------------------|---|--|
| BIRTH NO. | | REG. DIST. NO. 162 | | PRIMARY REG. DIST. NO. 5595 | | Registrar's No. | |
| 1. PLACE OF DEATH | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution; residence before death) | | | |
| a. COUNTY JEFFERSON | | b. CITY (If outside corporate limits, write RURAL and give town) KIMMSWICK | | a. STATE MO | | b. COUNTY JEFFERSON | |
| c. LENGTH OF STAY (In this place) 2 MONTHS | | c. CITY (If outside corporate limits, write RURAL and give township) KIMMSWICK 1 | | c. CITY (If outside corporate limits, write RURAL and give township) KIMMSWICK 1 | | 50 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION: 1 | | | | d. STREET ADDRESS (If rural, give location): 2 0 | | | |
| 3. NAME OF DECEASED (Type or Print) | | | 4. DATE OF DEATH | | | 5. SEX | |
| a. (First) LINDA | b. (Middle) KAY | c. (Last) WARE | Month: JUNE | Day: 26 | Year: 1949 | FEMALE | 6. COLOR OR RACE: WHITE |
| 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE | 8. DATE OF BIRTH: JULY 20 1948 | 9. AGE (In years last birthday) 11 | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): NONE | 11. BIRTHPLACE (State or foreign country): ST LOUIS MO | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | 10b. KIND OF BUSINESS OR INDUSTRY: NONE | 11. BIRTHPLACE (State or foreign country): ST LOUIS MO |
| 13a. FATHER'S NAME: ALLAN WARE | | 13b. MOTHER'S MAIDEN NAME: JEANNE HUNT | | 14. NAME OF HUSBAND OR WIFE: ← | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ← | | 16. SOCIAL SECURITY NO. ← | | 17. INFORMANT'S SIGNATURE OR NAME: ALLAN WARE KIMMSWICK MO | | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) | | MEDICAL CERTIFICATION | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) | | Brain Tumor (Congenital); | | | | 7531 | |
| *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | | II. OTHER SIGNIFICANT CONDITIONS | | | | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) | |
| | | Kimmswick Jefferson MO | | Kimmswick Jefferson MO | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NO WHILE AT WORK <input type="checkbox"/> | |
| 22. I hereby certify that I attended the deceased from July 1948, to June 26, 1948; that I last saw the deceased alive on June 26, 1948, and that death occurred at 3:55 P.M. from the causes and on the date stated above. | | 23a. SIGNATURE (Degree or title) Reich M.D. | | 23b. ADDRESS Kimmswick, Mo | | 23c. DATE SIGNED 6/27/49 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | | 24b. DATE JUNE 28 1949 | | 24c. NAME OF CEMETERY OR CREMATORY ST JOSEPH CEMETERY | | 24d. LOCATION (City, town, or county) (State) KIMMSWICK MO | |
| DATE REC'D BY LOCAL REG. June 28-49 | | REGISTRAR'S SIGNATURE Phil Kirk 145 | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS HEILIGTAG FUNERAL HOME KIMMSWICK MO | | | |

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

RECEIVED
JUL 6 1949
District Health Officer No. 9,
David P. Nally

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 _____

working under my personal supervision.

Student Embalmer No. _____

Signed *Elmer Heiligtag*

Signed _____
Student Embalmer

Licensed Embalmer No. *3577*

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.