

FILED JUN 9 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18751

State File No. 1901

| | | | | | | | |
|--|--|---|--|--|---|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>318</u> | | PRIMARY REG. DIST. NO. <u>1003</u> | | Registrar's No. _____ | |
| 1. PLACE OF DEATH a. COUNTY _____ | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY _____ | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St Louis</u> | | c. LENGTH OF STAY (in this place) <u>5 WKS</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St Louis</u> | | 2179 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Josephine Heitkamp Hospital</u> | | | | d. STREET ADDRESS (If rural, give location) <u>3963 Lafayette</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Jessie</u> | | b. (Middle) <u>Mae</u> | | c. (Last) <u>Ward</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>June 2, 1950</u> | |
| 5. SEX <u>female</u> | 6. COLOR OR RACE <u>white</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u> | 8. DATE OF BIRTH <u>Mar. 1, 1888</u> | | 9. AGE (In years less birthday) <u>62</u> | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 6 HRS. Hours _____ Min. _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u> | | 10b. KIND OF BUSINESS OR INDUSTRY _____ | | 11. BIRTHPLACE (State or foreign country) <u>Bonne Terre, Mo.</u> | | 12. CITIZEN OF WHAT COUNTRY? _____ | |
| 13a. FATHER'S NAME <u>Peter Wooldridge</u> | | 13b. MOTHER'S MAIDEN NAME <u>Josephine Chandler</u> | | 14. NAME OF HUSBAND OR WIFE <u>R.G. Ward</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service) _____ | | 16. SOCIAL SECURITY NO. <u>none</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>R.G. Ward 3963 Lafayette</u> | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) _____ | | MEDICAL CERTIFICATION | | | | INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>uremia</u> | | ANTECEDENT CAUSES <u>renal failure</u> | | | | DUE TO (b) _____ | |
| *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. | | DUE TO (c) <u>cardiac failure</u> | | | | 4-9-50 | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | 19a. DATE OF OPERATION _____ | | | | 19b. MAJOR FINDINGS OF OPERATION _____ | |
| 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) _____ | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR <u>782.4</u> | | | | | |
| 22. I hereby certify that I attended the deceased from <u>April 9, 1950</u> , to <u>June 2, 1950</u> , that I last saw the deceased alive on <u>June 1, 1950</u> , and that death occurred at <u>9:40 a.m.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>N.B. Kappesser M.D.</u> | | | | 23b. ADDRESS <u>3284 Sunnyside Ave</u> | | 23c. DATE SIGNED <u>June 3, 1950</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u> | | 24b. DATE <u>6/4/50</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Bonne Terre</u> | | 24d. LOCATION (City, town, or county) (State) <u>Bonne Terre, Mo.</u> | |
| DATE REC'D BY LOCAL REG. <u>JUN 3 1950</u> | | REGISTRAR'S SIGNATURE <u>J. B. Sarator</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>J. Ziegenhein & Sons</u> | | ADDRESS <u>7027 Gravois</u> | |

(Licensed Embalmer's Statement on Reverse Side)

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed *W. G. Peterson*

Licensed Embalmer No. *3767*

P. O. Address, *St Louis Mo*

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.