

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>Missouri</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>25 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		<u>2119</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Homer G Phillips Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>3703 Finney</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Eva</u> b. (Middle) _____ c. (Last) <u>Ward</u>			4. DATE OF DEATH (Month) <u>June</u> (Day) <u>11</u> (Year) <u>1950</u>						
5. SEX <u>Female</u> <u>3</u>	6. COLOR OR RACE <u>Colored</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u> <u>(1)</u>	8. DATE OF BIRTH <u>9/28/1887</u>	9. AGE (In years last birthday) <u>62</u>	# UNDER 1 YEAR Months <u>8</u>	# UNDER 1 YEAR Days <u>13</u>	# UNDER 1 YEAR Hours _____ Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Mississippi</u>		12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>			
13a. FATHER'S NAME <u>Preston Ward</u>		13b. MOTHER'S MAIDEN NAME <u>Lena Foster</u>		14. NAME OF HUSBAND OR WIFE <u>single</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Essie Canada, sister, same address</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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>Undet.</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Subarachnoid Hemorrhage</u>				DUE TO (b) <u>Undetermined</u>					
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c) _____					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<u>None</u>					
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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>BOX</u>					
22. I hereby certify that I attended the deceased from <u>4-30</u> , 19 <u>50</u> , to <u>6-11</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>6-11</u> , 19 <u>50</u> , and that death occurred at <u>4:30p</u> m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>James J. Hedrick</u>				23b. ADDRESS <u>2601 N. Whittier St</u>		23c. DATE SIGNED <u>6-11-50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>6/15/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Washington Park</u>		24d. LOCATION (City, town, or county) (State) <u>9500 N. Bridge Rd. Mo.</u>			
DATE REC'D BY LOCAL REG. <u>JUN 12 1950</u>		REGISTRAR'S SIGNATURE <u>J. B. Lanater</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Royal Funeral Home 3704 Finney</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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Edward G. Flynn

Signed.....
Student Embalmer

Licensed Embalmer No. *4444*

P. O. Address *45489 Paeg*

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.

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