

FILED APR 27 1951

STANDARD CERTIFICATE OF DEATH

14868

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. <u>100</u>		Registrar's No. <u>3598</u>	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (If deceased lived. If institution: residence before admission)			
b. CITY (If outside corporate limits, write RURAL and give town) <u>St. Louis</u>				c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>			
c. LENGTH OF STAY (in this place) <u>25 yrs</u>				d. STREET ADDRESS (If rural, give location) <u>3657 Cook Av.</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Marys Infirmary</u>				e. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH			5. SEX	
a. (First) <u>Marcellus Albert Ward</u>			b. (Middle)			c. (Last)	
6. COLOR OR RACE <u>Negro</u>			7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>			8. DATE OF BIRTH <u>4-3-1888</u>	
9. AGE (In years last birthday) <u>63</u>			10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>mould finisher</u>			11. BIRTHPLACE (State or foreign country) <u>Nashville Tenn.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>			13a. FATHER'S NAME <u>Charlie Ward</u>			13b. MOTHER'S MAIDEN NAME <u>Ellen Bernette</u>	
14. NAME OF HUSBAND OR WIFE <u>Ottawa Ward</u>			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>			16. SOCIAL SECURITY NO. <u>492-09-3430</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Ottawa Ward</u>			18. CAUSE OF DEATH			19. ADDRESS <u>3657 Cook</u>	
18. CAUSE OF DEATH			I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia, Lobar</u>			INTERVAL BETWEEN ONSET AND DEATH <u>26 Mar.</u>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.			ANTECEDENT CAUSES				
			Morbidity 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.				
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>490X</u>			
22. I hereby certify that I attended the deceased from <u>26 March 51</u> to <u>19 Apr. 51</u> , that I last saw the deceased alive on <u>Apr. 51</u> , and that death occurred at <u>7:00 am</u> the causes and on the date stated above.							
23a. SIGNATURE <u>Ottawa Ward</u> (Degree or title)				23b. ADDRESS <u>4730a Page Blvd.</u>		23c. DATE SIGNED <u>16 Apr. 51</u>	
24a. BURIAL / CREMATION, REMOVAL (Specify)		24b. DATE <u>4-18-1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Washington Park Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo.</u>	
DATE RECD BY LOCAL REG. <u>APR 17 1951</u>		REGISTRAR'S SIGNATURE <u>J B Lasiter</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Manuel Und. Co.</u>		ADDRESS <u>4059 Finney</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

9/11/68

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 H. Claude Gordon

Signed
Student Embalmer

Licensed Embalmer No. 2489

P. O. Address 4575 Alder

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.