

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15194
Registrar's No. 956

FILED MAY 12 1951

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076

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) OR TOWN <u>Koch (rural)</u>		c. LENGTH OF STAY (in this place) <u>12 days</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> <u>2259</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Robert Koch Hospital</u>			d. STREET ADDRESS (If rural, give location) <u>218 South 4th St.</u>		

3. NAME OF DECEASED (Type or Print) a. (First) <u>Pat</u>		b. (Middle) <u>-</u>		c. (Last) <u>Ward</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 10, 1951</u>	
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5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>		8. DATE OF BIRTH <u>3-18-71</u>		9. AGE (In years last birthday) <u>80</u>		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>nil</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>			11. BIRTHPLACE (State or foreign country) <u>Ireland</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
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13a. FATHER'S NAME <u>John Ward</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Tate</u>			14. NAME OF HUSBAND OR WIFE _____		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>??</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Hospital Records, Robt. Koch Hosp.</u>			
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH <u>3 yrs (?)</u>	
<p>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</p>		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.									

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>002X</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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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)	
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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?	
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22. I hereby certify that I attended the deceased from 3-29- 1951, to 4-10- 1951, that I last saw the deceased alive on 4-10- 1951 and that death occurred at 4 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>David Friedman, M.D.</u>		(Degree or title)		23b. ADDRESS <u>Robert Koch Hospital</u>		23c. DATE SIGNED <u>4-11-51</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4-12-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Normandy, Missouri.</u>	
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DATE REC'D BY LOCAL REG. <u>4/13/51</u>		REGISTRAR'S SIGNATURE <u>Robert A. Lombardi</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Morrell Brothers</u>		ADDRESS <u>4214 St. Louis Ave.</u>	
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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 NO EMBALM _____

Licensed Embalmer No. _____

P. O. MADEIRA _____

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.