

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6848
State File No.
Registrar's No. 1185

FILED FEB 27 1952

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) life	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Anthony's Hospital		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2239	
d. STREET ADDRESS (If rural, give location) 2335 Whittemore Pl.		0	
3. NAME OF DECEASED (Type or Print) a. (First) Un named b. (Middle) un named c. (Last) Twin #2 WARD		4. DATE OF DEATH (Month) 2 (Day) 4 (Year) 52	
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NM	8. DATE OF BIRTH 2-4-52
9. AGE (In years last birthday) 0		10. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Missouri
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant		12. CITIZEN OF WHAT COUNTRY? US	
13a. FATHER'S NAME John L. Ward		13b. MOTHER'S MAIDEN NAME Vera Barron	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	
16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME John L. Ward ADDRESS 2335 Whittemore Pl.	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pre mature 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	
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? 774X	
22. I hereby certify that I attended the deceased from Feb 7, 1952 to Feb 9, 1952, that I last saw the deceased alive on Feb 9, 1952 and that death occurred at 4:55 a.m., from the causes and on the date stated above.			
23a. SIGNATURE H. G. Moorehead (Degree or title)		23b. ADDRESS 967-80 18	
23c. DATE SIGNED 2-6-52			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 4	24b. DATE 2-7-52	24c. NAME OF CEMETERY OR CREMATORY Mt. Hope	24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.
DATE REC'D BY LOCAL REG. FEB 6 1952	REGISTRAR'S SIGNATURE J. Carl Smith, M.D.	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Mc Laughlins 2301 Lafayette Ave St. Louis	

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.....

Not Emb.

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *A. G. Harris*

Licensed Embalmer No. *3384*

P. O. Address *2301 Lafayette*

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.