

FILED APR 16 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 14888
Registrar's No. 2536

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 2536											
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission). a. STATE Mo.				b. COUNTY ST. LOUIS									
b. CITY OR TOWN St. Louis				c. CITY OR TOWN Arfton				c. LENGTH OF STAY (in this place)									
d. FULL NAME OF HOSPITAL OR INSTITUTION Lutheran Hospital				d. STREET ADDRESS 9235 Coral Dr.													
3. NAME OF DECEASED (Type or Print) PAULA			a. (First)			b. (Middle)			c. (Last) WARD			4. DATE OF DEATH (Month) (Day) (Year) Mar. 16 1952					
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow		8. DATE OF BIRTH Sep. 17, 1878		9. AGE (In years last birthday) 73		10. UNDER 1 YEAR Months		11. UNDER 1 YEAR Days		12. UNDER 1 YEAR Hours		13. UNDER 1 YEAR Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (State or foreign country) Germany				12. CITIZEN OF WHAT COUNTRY? U.S.A.					
13a. FATHER'S NAME Paul Frederick Roelke				13b. MOTHER'S MAIDEN NAME Augusta Wirth				14. NAME OF HUSBAND OR WIFE Late Frank J. Ward									
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) No				16. SOCIAL SECURITY NO. 492-22-3221				17. INFORMANT'S SIGNATURE OR NAME Kenneth F. Ward				ADDRESS 9239 Coral Dr.					
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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Enter cerebral hemorrhage, large anterior subarachnoid hemorrhage. b. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerosis c. DUE TO (c) Hypertension II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								INTERVAL BETWEEN ONSET AND 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) (Minute)				21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				21f. HOW DID INJURY OCCUR? 381X									
22. I hereby certify that I attended the deceased from 6/13, 1949, to 3-14, 1952 that I last saw the deceased alive on 3/17, 1952, and that death occurred at 3:10 P.M., from the causes and on the date stated above.																	
23a. SIGNATURE KOUNTZ Wm B Kountz				(Degree or title) M.D.				23b. ADDRESS 4500 Olive (8)				23c. DATE SIGNED 3/17/52					
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial				24b. DATE Mar. 19, 1952				24c. NAME OF CEMETERY OR CREMATORY New St. Marcus Cem.				24d. LOCATION (City, town, or county) (State) St. Louis, Mo.					
DATE REC'D BY LOCAL REG. MAR 17 1952				REGISTRAR'S SIGNATURE J. Charles Smith, M.D.				25. FUNERAL DIRECTOR'S SIGNATURE Kriegshauser				ADDRESS 4228 S. Kingshighway Bl					

(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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed William B. White

Licensed Embalmer No. 4291

P. O. Address 4228 1/2 King Highway

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.