

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18657
State File No. 1003
Registrar's No. 4052

FILED MAY 19 1952

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1003

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.				
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE				b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give township) St Louis, Mo.		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) St Louis, Mo.		2219				
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G Phillips Hospital				d. STREET ADDRESS (If rural, give location) 2705 Lucas Ave.				21		
3. NAME OF DECEASED (Type or Print) a. (First) Annie			b. (Middle) (Word) Ward			c. (Last)				
4. DATE OF DEATH (Month) (Day) (Year) April 27 1952			5. SEX Female			6. COLOR OR RACE Colored		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		
8. DATE OF BIRTH July 4th 1900			9. AGE (In years last birthday) 51		10. MONTHS 9		11. DAYS 24			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (City and State or Foreign Country) St Louis, Mo.			12. CITIZEN OF WHAT COUNTRY? U.S. A.	
13a. FATHER'S NAME Major Bowman			13b. MOTHER'S MAIDEN NAME Ona Holiday			14. NAME OF HUSBAND OR WIFE Ralph Ward (Word)				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No			16. SOCIAL SECURITY NO. No			17. INFORMANT'S SIGNATURE OR NAME Ralph Ward			ADDRESS 2705 Lucas Ave	
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, asthma, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage ANTECEDENT CAUSES DUE TO (b) Undetermined DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None						INTERVAL BETWEEN ONSET AND DEATH 2 days	
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 331X				
22. I hereby certify that I attended the deceased from 4-26, 1952, to 4-27, 1952, that I last saw the deceased alive on 4-27, 1952, and that death occurred at 11:29 p.m., from the causes and on the date stated above.										
23a. SIGNATURE L. Harris			(Degree or title) M. D.			23b. ADDRESS 2601 N Whittier St			23c. DATE SIGNED 4-29-52	
24a. BURIAL, CREMATION, REMOVAL (Specify)			24b. DATE May 1, 1952		24c. NAME OF CEMETERY OR CREMATORY Greenwood		24d. LOCATION (City, town, or county) (State) St Louis, Mo. Mo			
DATE REC'D BY LOCAL REG. APR 30 1952			REGISTRAR'S SIGNATURE J. Carl Smith M.D.			25. FUNERAL DIRECTOR'S SIGNATURE A. L. Beal Und. Co.			ADDRESS 4303 Delmar	

(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 Leroy A. Bannister

Licensed Embalmer No. 4523

P. O. Address 3880 Easton Ave

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.