

0.300
0.48

XC 16 914 269
Reg. 105,342
FILED JAN 23 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4399
State File No.
Registrar's No. 0054

BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500

1. PLACE OF DEATH a. COUNTY ST. LOUIS 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 town OR TOWN) JEFF. BRKS. MO.	c. LENGTH OF STAY (In this place) 100 Days	c. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS 2229	
d. FULL NAME OF HOSPITAL OR INSTITUTION VET. ADM. HOSP.		d. STREET ADDRESS (If rural, give location) 1732A CHOUTEAU	

3. NAME OF DECEASED (Type or Print) a. (First) ROBERT	b. (Middle) J.	c. (Last) WARD	4. DATE OF DEATH (Month) (Day) (Year) 1/7/53
--	----------------	----------------	---

5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 12/18/92	9. AGE (In years last birthday) 60 yrs.	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
-------------	------------------------	--	---------------------------	---	-----------------------------	-----------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TRUCK DRIVER	10b. KIND OF BUSINESS OR INDUSTRY UNKNOWN	11. BIRTHPLACE (City and State or Foreign Country) ST. LOUIS, MISSOURI	12. CITIZEN OF WHAT COUNTRY? USA
--	---	--	----------------------------------

13a. FATHER'S NAME ALBERT WARD	13b. MOTHER'S MAIDEN NAME ANNA VEN	14. NAME OF HUSBAND OR WIFE AMANDA WARD
--------------------------------	------------------------------------	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES	16. SOCIAL SECURITY NO. 488 18 1676	17. INFORMANT'S SIGNATURE OR NAME ADDRESS V. A. HOSPITAL RECORDS
---	-------------------------------------	--

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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) UREMIA		
	ANTECEDENT CAUSES Nephrocalcinosis Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) NEPHROCALCINOSIS DUE TO (c) CARCINOMA OF URINARY BLADDER		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION 10/15/52	19b. MAJOR FINDINGS OF OPERATION CARCINOMA OF URINARY BLADDER	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
---------------------------------	---	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify) NONE	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) V.A.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR
--	--	---------------------------

22. I hereby certify that I attended the deceased from 9/29, 1952, to 1/7, 1953, and that death occurred at 10:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE Charles H. Sparks, M.D.	(Degree or title) M.D.	23b. ADDRESS V.A. HOSPITAL JEFF. BRKS. MO.	23c. DATE SIGNED 1/7/53
--	------------------------	--	-------------------------

24a. BURIAL CEEMA- (Specify) BURIAL	24b. DATE JAN. 11, 1953	24c. NAME OF CEMETERY OR CREMATORY BURGESS CEMETERY	24d. LOCATION (City, town, or county) (State) ANTONIA MO.
-------------------------------------	-------------------------	---	---

DATE REC'D BY LOCAL REG. (1-8-53)	REGISTRAR'S SIGNATURE Herbert R. D... M.D.	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS HEILIGTAG FUN. HOME IMPERIAL MO.
-----------------------------------	--	---

(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

Elmer H. Alington

Licensed Embalmer No. *3571*

P. O. Address *Imperial M.*

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.