FILED DEC 29 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 44829

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 3209

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lemay
c. LENGTH OF STAY (in this place): 10 YEARS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 610 Lagro Ave.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St. Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lemay 870
d. STREET ADDRESS (If rural, give location): 610 Lagro Ave.

3. NAME OF DECEASED (Type or Print): a. (First) James b. (Middle) B. c. (Last) Ward

4. DATE OF DEATH (Month) (Day) (Year): Dec. 12, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: October 16, 1898
9. AGE (In years last birthday): 55 — 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): Crane Operator
10b. KIND OF BUSINESS OR INDUSTRY: Gaylord Container Co.
11. BIRTHPLACE (City and State or Foreign Country): Franklin, Missouri.
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME: Nathaniel Ward
13b. MOTHER'S MAIDEN NAME: Elizabeth Richard
14. NAME OF HUSBAND OR WIFE: ~~Elizabeth~~ Ella Mae Ward (nee Riebe)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): W. W. I
16. SOCIAL SECURITY NO.: 494-09-3095
17. INFORMANT'S SIGNATURE OR NAME: ~~Elizabeth~~ Ward — ADDRESS: 610 Lagro Ave. Lemay, Mo.

MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 2 hrs

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
4201

20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec. 12, 1953, *to* Dec. 12, 1953, *that I last saw the deceased alive on* Dec. 12, 1953, *and that death occurred at* 1:30 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title): M.D.
23b. ADDRESS: 3606 Grand.
23c. DATE SIGNED: 12/16/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec. 17, 1953
24c. NAME OF CEMETERY OR CREMATORY: Oak Grove Cemetery
24d. LOCATION (City, town, or county) (State): St. Louis County, Missouri.

DATE REC'D BY LOCAL REG.: 10-16-53
REGISTRAR'S SIGNATURE: Herbert R. Domke M.D.
25. FUNERAL DIRECTOR'S SIGNATURE: Gebken-Benz Mortuary — ADDRESS: 2842 Meramec St. St. Louis, 18, Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

APR 28 1954

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 Lorand E. Leney

Licensed Embalmer No. 4094

2842 Meramec St.

P. O. Address St. Louis, 18, Missou

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

The Division of Health of Missouri
BUREAU OF VITAL STATISTICS

State File No. 44829

State of Missouri
City of St. Louis, } ss.

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 317

On this 21st day of April, 1954, before me appears Walter H. J. Benz, who, upon his oath, states that the original record of death for James B. Ward, died Dec. 12, 1953, 19____, in the State of Missouri, and which was filed at Clayton St. Louis County on 12/16/53, 19____, should be corrected as follows:

Item No. 14 should read Ella Mae Ward (nee Riebe)
Instead of Elizabeth Ward (nee Riebe)

Item No. 17 should read Ella Mae Ward
Instead of Elizabeth Ward

Item No. ____ should read ____
Instead of ____

Item No. ____ should read ____
Instead of ____

Item No. ____ should read ____
Instead of ____

Item No. ____ should read ____
Instead of ____

Item No. ____ should read ____
Instead of ____

Item No. ____ should read ____
Instead of ____

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Walter H. J. Benz Funeral Director
Relationship.
2842 Meramec St.
St. Louis, 18, Missouri.
Present Address.

Subscribed and sworn to before me this 21 st day of April, 1954.

My Commission expires May 14, 1954. William G. Benz Notary Public.

S-44829