

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3399**
Registrar's No. **0826**

BIRTH NO. **FILED FEB 4 1954** REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY 0		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) St. Louis		c. CITY OR TOWN St. Louis	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) 1 week		e. STREET ADDRESS (If rural, give location) 4411 Shreve Avenue 20790	
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Baptist Hosp.			

3. NAME OF DECEASED (Type or Print) a. (First) ARTHUR b. (Middle) CLYDE c. (Last) WARD		4. DATE OF DEATH (Month) (Day) (Year) Jan. 24, 1954	
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 26, 1904
9. AGE (In years last birthday) 49 If UNDER 1 YEAR: Months 5 Days 1 If UNDER 24 HRS.: Hours 1 Min.		11. BIRTHPLACE (City and State or Foreign Country) Salem, Missouri 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cement finisher		10b. KIND OF BUSINESS OR INDUSTRY	
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME Jesse M. Ward	
13b. MOTHER'S MAIDEN NAME Molly Stagner		14. NAME OF HUSBAND OR WIFE Regina Mehring	

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. 492-03-9928	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Regina Ward 4411 Shreve Ave	
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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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Brain tumor, malignant glioma		INTERVAL BETWEEN ONSET AND DEATH 6 wks	
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. Diabetes mellitus		many years	

19a. DATE OF OPERATION 1-20-54	19b. MAJOR FINDINGS OF OPERATION Malignant glioma, left cerebral hemisphere		20. AUTOPSY? YES <input checked="" 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) 1934		
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?		

22. I hereby certify that I attended the deceased from 1-17-54, 19 , to 1-24-54, 19 , that I last saw the deceased alive on 1-23-54, 19 , and that death occurred at 7:45 a.m., from the causes and on the date stated above.

23a. SIGNATURE <i>Richard J. Taylor M.D.</i> (Degree or title)		23b. ADDRESS 3720 Washington, St. Louis, Mo		23c. DATE SIGNED 1-26-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Jan 27 1954	24c. NAME OF CEMETERY OR CREMATORY Memorial Park	24d. LOCATION (City, town, or county) (State) St. Louis County		

DATE REC'D BY LOCAL REG. JAN 26 1954	REGISTRAR'S SIGNATURE <i>Carl Smith</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 4746 Bromschwig and Son W Florissant	
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(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.....
Signature of Student Embalmer

Signed *G. W. Wilkinson*.....

Licensed Embalmer No... *3*.....

P. O. Address... *W. La*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.