

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **10507**  
**2465**

BIRTH NO. **FILED MAR 19 1954** REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <b>St. Louis</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <b>Homer G. Phillips Hospital</b>		e. STREET ADDRESS (If rural, give location) <b>22 2351 Spruce</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Peter</b> b. (Middle) c. (Last) <b>Ware</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>3-13-54</b>		
5. SEX <b>M</b>	6. COLOR OR RACE <b>Negro</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>March 11, 1906</b>	9. AGE (In years last birthday) <b>48</b>	10. UNDER 1 YEAR Months 11. UNDER 1 MIN. Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>Aberdean, Mississippi</b>	
12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		13a. FATHER'S NAME <b>Don Ware</b>		13b. MOTHER'S MAIDEN NAME <b>Fannie Ward</b>	
14. NAME OF HUSBAND OR WIFE <b>Lorraine Ware</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>None</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Lorraine Ware, 2351 Spruce</b>		17. ADDRESS		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <b>Cerebrovascular Accident</b> <b>Old Jacksonian Epilepsy</b>	
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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>331X</b>	
22. I hereby certify that I attended the deceased from <b>2-15-1954</b> , to <b>3-13-1954</b> , that I last saw the deceased alive on <b>3-13-1954</b> , and that death occurred at <b>12:20a</b> m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <b>H. J. Erwin</b>		23b. ADDRESS <b>M. D. 2351 Spruce</b>		23c. DATE SIGNED <b>3-13-54</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>Mar. 19, 1954</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Washington Park</b>	
24d. LOCATION (City, town, or county) (State) <b>St. Louis, Missouri</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>E. Kooser</b>		25. ADDRESS <b>1221 N. Grand</b>	
DATE REC'D BY LOCAL REG. <b>MAR 17 1954</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith M.D.</b>		25. ADDRESS <b>1221 N. Grand</b>	

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

S.P. (Licensed Embalmer's Statement on Reverse Side)

**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..... *Gepton Swan*

Licensed Embalmer No. *458*

P. O. Address *1221 N York*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.