

FILED APR 26 1954

STANDARD CERTIFICATE OF DEATH

State File No. 14377  
342  
300 Registrar's No. 834

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. \_\_\_\_\_ REGISTRAR'S NO. 834

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY <b>ST. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>Ferguson</b>	c. LENGTH OF STAY (in this place) <b>12 DAYS</b>	c. CITY OR TOWN <b>Bellefontaine St. Louis County</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Hill Top Nursing Home</b>			
e. STREET ADDRESS (If rural, give location) <b>1125 Jennings Station Rd.</b>			

3. NAME OF DECEASED (Type or Print) <b>Wilhelmenia</b>		a. (First)	b. (Middle) <b>Ward</b>	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <b>Apr. 6 1954</b>		
---	--	------------	-------------------------	-----------	---	--	--

5. SEX <b>Female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Aug. 13 1884</b>	9. AGE (In years last birthday) <b>70</b>	IF UNDER 1 YEAR Months: _____ Days: _____	IF UNDER 4 HRS. Hours: _____ Min: _____
----------------------	-------------------------------	---	--------------------------------------	---	--	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housework</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>home</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Chicago Ill.</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
--	---	--	---

13a. FATHER'S NAME <b>Albert Bottenhegan</b>	13b. MOTHER'S MAIDEN NAME <b>Augusta Tisch</b>	14. NAME OF HUSBAND OR WIFE <b>William Ward</b>
--	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME <b>George Schwankoff</b>	ADDRESS <b>1125 Jennings Sta</b>
---	-------------------------------------	--	----------------------------------

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.	<b>MEDICAL CERTIFICATION</b> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Gangrene arteriosclerotic both legs.</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <b>Generalized arteriosclerosis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>7 hrs</b>
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	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) <b>4501</b>
--	--	--

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	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 **Mar 25, 1954** to **Apr 6, 1954**, that I last saw the deceased alive on **Apr 6, 1954**, and that death occurred at **8 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Blue G. McJorney</b> (Degree or title)	23b. ADDRESS <b>2209 South Shelby St. St. Louis</b>	23c. DATE SIGNED <b>4/7/54</b>
--	---	--------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>4/7/54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Chicago Ill.</b>	24d. LOCATION (City, town, or county) (State) <b>Chicago Ill.</b>
--	-------------------------	--	---

DATE REC'D BY LOCAL REG. <b>4/7/54</b>	REGISTRAR'S SIGNATURE <b>George Schwankoff</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Buchholz Mortuary</b>	ADDRESS <b>5967w. Florissant</b>
--	--	---	----------------------------------

WRITE PLAINLY—USING UNFAADING 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 *W. J. Bernhardt*.....  
Licensed Embalmer No.....  
P. O. Address *A. Lane*.....

**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.