

FILED MAR 31 1955

STANDARD CERTIFICATE OF DEATH

State File No. 10351

2342

BIRTH NO. _____		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 Missouri b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis			
d. FULL NAME OF HOSPITAL OR INSTITUTION St. John's Hospital				d. STREET ADDRESS (If rural, give location) 5071 Page Blvd., 2069/5			
3. NAME OF DECEASED (Type or Print) a. (First) LUCY		b. (Middle) _____		c. (Last) WARD		4. DATE OF DEATH (Month) (Day) (Year) Mar. 12, 1955	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH Feb. 10, 1867	
9. AGE (In years last birthday) 88		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) Unemployed		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) Washington Co. Mo.		12. CITIZEN OF WHAT COUNTRY? US	
13a. FATHER'S NAME Michael Ward			13b. MOTHER'S MAIDEN NAME Bridget Flynn			14. NAME OF HUSBAND OR WIFE _____	
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. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Rose Winer, 2834 Wheaton Ave.,			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia, lobar (R lower). ANTECEDENT CAUSES well Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Complication Bronchiectasis DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arterio-sclerosis, generalized				INTERVAL BETWEEN ONSET AND DEATH 4 weeks 2 wks.	
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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR 490X			
22. I hereby certify that I attended the deceased from Feb. 16, 1955 , to Mar. 12, 1955 , that I last saw the deceased alive on Mar. 11, 1955 , and that death occurred at 8:15 A.M. from the causes and on the date stated above.							
23a. SIGNATURE Joseph R. Wacker, MD (Degree or title)				23b. ADDRESS 745 Missouri Federal Bldg.		23c. DATE SIGNED 3/14/55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Mar. 15, 1955		24c. NAME OF CEMETERY OR CREMATORY St. Joachim Cem.,		24d. LOCATION (City, town, or county) (State) Old Mines, Mo.	
DATE REC'D BY LOCAL REG. MAR 14 1955		REGISTRAR'S SIGNATURE J. Carl Smith, MD			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Jos. W. Clark 1125 Hodiament Ave.,		

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. J. R. Macko
1908 N. K. ~~St. James~~
~~107-5-2209.~~

11-1-0111.

Mo. Theatre Bldg.
01-2-0635-

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed Alfred J. Beckler
Licensed Embalmer No. 2663

P. O. Address 1125 Hodiament Ave.

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.