

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED MAR 31 1955

 BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 2499

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY	
b. CITY OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (In this place)	c. CITY OR TOWN <u>St. Louis</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>en route to Homer G.</u>		e. STREET ADDRESS (If rural, give location) <u>21 2811 Cass Ave</u>	
3. NAME OF DECEASED (Type or Print) <u>Mary</u>		a. (First) <u>Mary</u>	b. (Middle) <u>Ware</u>
c. (Last) <u>Ware</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>3-13-55</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>April 6, 1904</u>
9. AGE (In years last birthday) <u>50</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) <u>Domestic</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Chaires, Mississippi</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Willie Weber</u>	13b. MOTHER'S MAIDEN NAME <u>Lensire Deather</u>
14. NAME OF HUSBAND OR WIFE <u>Jessie Ware</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>no</u>
17. INFORMANT'S SIGNATURE OR NAME <u>James V. ...</u>		ADDRESS <u>2109 ...</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>MYOCARDIAL HEART FAILURE</u>		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) <u>Arterio Sclerotic Heart Disease</u>	
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		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 <u>4200</u>	
22. I hereby certify that I attended the deceased from <u>Jan 20, 1955</u> to <u>March 13, 1955</u> , that I last saw the deceased alive on <u>March 13, 1955</u> , and that death occurred at <u>10:55 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Dr. ...</u>		23b. ADDRESS <u>3612 - ENRIGHT</u>	23c. DATE SIGNED <u>March 14, 1955</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>3-19-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Washington Park</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis Co., Mo</u>
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>MAR 18 1955</u>	REGISTRAR'S SIGNATURE <u>J. Earl Smith, M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>M. H. Burks 3506 Franklin</u>	

E.O. (Licensed Embalmer's Statement on Reverse Side)

3
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 *J. H. J. Yandell*
Licensed Embalmer No. *42*
P. O. Address *W. H. H. H.*

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.