

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED AUG 2 - 1955

State File No.
Registrar's No. **5446**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Illinois b. COUNTY St. Clair	
b. CITY OR TOWN St. Louis		c. CITY OR TOWN E. St. Louis	
c. LENGTH OF STAY (in this place) 16 days		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Infirmary		STREET ADDRESS (If rural, give location) 4102 Third Avenue	

3. NAME OF DECEASED (Type or Print) James	a. (First)	b. (Middle)	c. (Last) Ward	4. DATE OF DEATH 6-21-55	(Month) (Day) (Year)
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5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 1-12-1874	9. AGE (In years last birthday) 71	IF UNDER 1 YEAR Months 5	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer	10b. KIND OF BUSINESS OR INDUSTRY unemployed	11. BIRTHPLACE (City and State or Foreign Country) Tupelo, Mississippi	12. CITIZENSHIP OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Oliver Ward	13b. MOTHER'S MAIDEN NAME Ellen Hersey	14. NAME OF HUSBAND OR WIFE Icie Ward
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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. 327-12-2734	17. INFORMANT'S SIGNATURE OR NAME Miss Jean Ward	ADDRESS
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18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 days
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Peritonitis	DUE TO (b) perforated intestine		
II. OTHER SIGNIFICANT CONDITIONS myocardial disease	DUE TO (c) metastatic carcinoma of colon		8 month

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

19a. DATE OF OPERATION 6-13-55	19b. MAJOR FINDINGS OF OPERATION Carcinoma of colon, with metastasis to liver	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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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? 153X
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22. I hereby certify that I attended the deceased from **2-4-55**, to **6-21-55**, 19___, that I last saw the deceased alive on **6-20-55**, 19___, and that death occurred at **5:50A** m., from the causes and on the date stated above.

23a. SIGNATURE Charles J. H.D.	(Degree or title)	23b. ADDRESS 603 South 42nd,	23c. DATE SIGNED 6-22-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 6-23-55	24c. NAME OF CEMETERY OR CREMATORY Booker Washington	24d. LOCATION (City, town, or county) (State) E. St. Louis, Ill.,
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DATE REC'D BY LOCAL REG. JUN 23 1955	REGISTRAR'S SIGNATURE J. Carl Smith	25. FUNERAL DIRECTOR'S SIGNATURE W. C. J. Cash	ADDRESS 111 N. 13th
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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..... *P. J. Nash*.....

Licensed Embalmer No. *24*.....

P. O. Address *3877 Pa*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.