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FILED APR 6 - 1956

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 11577

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 3004

**1. PLACE OF DEATH**
a. COUNTY

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST. LOUIS
c. LENGTH OF STAY (in this place)

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST. LOUIS CITY HOSPITAL

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY

c. CITY OR TOWN: ST. LOUIS,
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐ 2179

e. STREET ADDRESS (If rural, give location): 17 3021 ST. VINCENT Avenue

**3. NAME OF DECEASED** (Type or Print)
a. (First): SANDRA
b. (Middle): JEAN
c. (Last): WARD

**4. DATE OF DEATH** (Month) (Day) (Year): MARCH 22, 1956

**5. SEX**: Female
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Never Married
**8. DATE OF BIRTH**: January 2, 1955
**9. AGE** (In years last birthday): 1 — 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): INFANT
**10b. KIND OF BUSINESS OR INDUSTRY**: NONE
**11. BIRTHPLACE** (City and State or Foreign Country): ST. LOUIS, MO.
**12. CITIZEN OF WHAT COUNTRY?**: U.S.A.

**13a. FATHER'S NAME**: CLYDE WARD
**13b. MOTHER'S MAIDEN NAME**: NORMA BUSBY
**14. NAME OF HUSBAND OR WIFE**: NONE

**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: Clyde Ward, 3021 St. Vincent 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, asthenia, etc. It means the disease, injury, or complication which caused death.

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Aspiration of Lighting fluid — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) suffered when deceased
DUE TO (c) drank lighter fluid from can

II. OTHER SIGNIFICANT CONDITIONS
*Conditions contributing to the death but not related to the disease or condition causing death.*
home on March 22, 1956

**19a. DATE OF OPERATION**
**19b. MAJOR FINDINGS OF OPERATION**: E881.0
**20. AUTOPSY?** YES ☒ NO ☐

**21a. ACCIDENT SUICIDE HOMICIDE** (Specify): Accident
**21b. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
**21c. (CITY, TOWN, OR TOWNSHIP)** (COUNTY) (STATE): St Louis Mo
**21d. TIME OF INJURY** (Month) (Day) (Year) (Hour): Mar 22 56 ? m.
**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at 330 P. m., from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): Joseph M Lucas Dep Trans
**23b. ADDRESS**: 1308 Clark
**23c. DATE SIGNED**: 3/24/56

**24a. BURIAL, CREMATION, REMOVAL** (Specify): REMOVAL
**24b. DATE**: 3-24-1956
**24c. NAME OF CEMETERY OR CREMATORY**: MARINE CEMETERY
**24d. LOCATION** (City, town, or county) (State): MARINE, ILLINOIS

**DATE REC'D BY LOCAL REG.**: MAR 24 1956
**REGISTRAR'S SIGNATURE**: J. Earl Smith M.D. G.P.
**25. FUNERAL DIRECTOR'S SIGNATURE** ADDRESS: McLAUGHLIN F.H., Inc. 2301 Lafayette

(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 em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....James R. Chup

Licensed Embalmer No.....4

P. O. Address.....

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.