

FILED MAR 26 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11578

State File No.

318

1003

Registrar's No. 2361

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri		b. COUNTY St. Louis			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN 4326 University City			
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Lukes Hospt		e. STREET ADDRESS (If rural, give location) 6417 Bartmer Ave.					
3. NAME OF DECEASED (Type or Print) William		a. (First)		b. (Middle) A			
		c. (Last) Ward		4. DATE OF DEATH (Month) (Day) (Year) 3/5/56			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married			
8. DATE OF BIRTH May 25 1887		9. AGE (In years last birthday) 68		IF UNDER 1 YEAR Months Days Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Foreman		10b. KIND OF BUSINESS OR INDUSTRY Metp. Sewer Dist		11. BIRTHPLACE (City and State or Foreign Country) St. Louis Co., Mo.			
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME George Ward		13b. MOTHER'S MAIDEN NAME U_k			
14. NAME OF HUSBAND OR WIFE Mildred Ward		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. Unk			
17. INFORMANT'S SIGNATURE OR NAME Mildred Ward		ADDRESS 6417 Bartmer 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Pneumonia bronchial - diffuse</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>purulent organism Not determined</i> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <i>10 days</i>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <i>491x</i>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) m.		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 <i>Feb. 19, 1956</i> to <i>Mar 5, 1956</i> , that I last saw the deceased alive on <i>Mar 5, 1956</i> , and that death occurred at <i>11:00 p.m.</i> , from the causes and on the date stated above.							
23a. SIGNATURE <i>John J. Magness</i>		(Degree or title) <i>M.D. Missouri City (B)</i>		23b. ADDRESS <i>6651 Overight</i>			
23c. DATE SIGNED <i>Mar 4/56</i>							
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 3/8/56		24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery			
24d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.		25. FUNERAL DIRECTOR'S SIGNATURE <i>Jos. W. Clark</i>		ADDRESS 1125 Hodiamont Ave.			
DATE REC'D BY LOCAL REG. MAR 6 1956		REGISTRAR'S SIGNATURE <i>J. Carl Smith</i>					

(Licensed Embalmer's Statement on Reverse Side)

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 *A. J. Boedeker*.....

Licensed Embalmer No....*2*.....

P. O. Address ...*11257*.....

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.