

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED APR 27 1956

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 547 Registrar's No. 850

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Richmond Heights</u>		c. LENGTH OF STAY (In this place) <u>6 Wks.</u>	c. CITY OR TOWN <u>Berkley City</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Mary's Hospital</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS <u>6150 Jackson</u>		(If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u>	b. (Middle) <u>James</u>	c. (Last) <u>Ware</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>April 12, 1956</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Nov. 24, 1920</u>	9. AGE (In years last birthday) <u>35</u>	IF UNDER 1 YEAR Months _____ Days _____	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) <u>Pilot</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Airlines</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Fulton, Ill.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>Carl Ware</u>	13b. MOTHER'S MAIDEN NAME <u>Stella Keefe</u>	14. NAME OF HUSBAND OR WIFE <u>June Ware</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u> (If yes, give war or dates of service) <u>WW II</u>	16. SOCIAL SECURITY NO. <u>332-12-7532</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Carl Ware</u>	ADDRESS <u>318 30th, E. Moline, Ill</u>
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18. CAUSE OF DEATH PER 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		INTERVAL BETWEEN ONSET AND DEATH <u>3 hrs</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Subarachnoid Hemorrhage</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis of cerebral vessel</u> DUE TO (c) _____		
11. 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 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) <u>330X 331X</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>4 12 '56</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21. HOW DID INJURY OCCUR _____
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22. I hereby certify that I attended the deceased from 3-1, 1956 to 4-12, 1956 that I last saw the deceased alive on 4-11, 1956 and that death occurred at 8:25 a. m. from the causes and on the date stated above.

23a. SIGNATURE <u>Paul T. Hartman M.D.</u> (Degree or title)	23b. ADDRESS <u>6376 Clayton Road</u>	23c. DATE SIGNED <u>4/13/56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>4-12-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Mary's Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>East Moline, Ill.</u>
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DATE REC'D BY LOCAL REG. <u>4-13-56</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Tompkins</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Albert H. Hoppe</u>	ADDRESS <u>4700 Washington Blvd.</u>
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(Licensed Embalmer) (Embalmer 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 *Robert M. Murray*.....

Licensed Embalmer No. *3749*

P. O. Address *St. Louis*.....

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.