

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **29280**  
**6795**

FILED AUG 24 1956

REG. DIST. NO. **318**

PRIMARY REG. DIST. NO. **1003**

Registrar's No. **6795**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. CITY OR TOWN <b>St. Louis</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Romer G. Phillips</b>		e. LENGTH OF STAY (in this place)	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Silas</b> b. (Middle) <b>Ward</b> c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <b>7 19 56</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Negro</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Feb. 17, 1877</b>
9. AGE (In years last birthday) <b>79</b>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Janitor</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Retired</b>
11. BIRTHPLACE (City and State or Foreign Country) <b>Grand Tower, Illinois</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA.</b>	
13a. FATHER'S NAME <b>Creasley Ward</b>		13b. MOTHER'S MAIDEN NAME <b>Eliza Washington</b>	
14. NAME OF HUSBAND OR WIFE <b>Ida Ward</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <b>Ida Ward, 4308 Maffitt Avenue</b>	
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) <b>Phlebothrombosis of Leg, Lt. with Gangrene</b> ANTECEDENT CAUSES <b>Chronic Brain Syndrome</b> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause lost. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Senility - Cachexia</b>	
19a. DATE OF OPERATION <b>6-26-56</b> <b>7-6-56</b>		19b. MAJOR FINDINGS OF OPERATION <b>Thrombosis of Superficial Femoral and Popliteal Vessels</b> <b>Thrombosis of Femoral Artery Left side</b>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>463x</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 <b>6-25</b> , 1956, to <b>7-19</b> , 1956, that I last saw the deceased alive on <b>7-19</b> , 1956, and that death occurred at <b>12:15a</b> m., from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <b>Frank D. Richard, M. D.</b>		23b. ADDRESS <b>2601N. Whittier</b>	
23c. DATE SIGNED <b>7-19-56</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	
24b. DATE <b>7/22/56</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Booker T. Washington</b>	
24d. LOCATION (City, town, or county) (State) <b>E. St. Louis, Ill</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>R. M. C. Green, 4060 Washington Avenue</b>	
DATE REC'D BY LOCAL REG. <b>JUL 20 1956</b>		REGISTRAR'S SIGNATURE <b>Carl Smith</b>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 *Melvin E. Green*.....

Licensed Embalmer No. *442*.....

P. O. Address *St. Paul*.....

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.