

FILED SEP 27 1956

STANDARD CERTIFICATE OF DEATH

State File No. 32670

BIRTH NO. 67143-56 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 247 Registrar's No. 2091

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before death) a. STATE Mo b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Richmond Heights		c. LENGTH OF STAY (in this place) 8 Hrs.	c. CITY OR TOWN Des Peres 4000
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Hospital		e. STREET ADDRESS (If rural, give location) 968 Lindemann Rd.	

3. NAME OF DECEASED (Type or Print) Baby Eric	a. (First)	b. (Middle)	c. (Last) Ward	4. DATE OF DEATH 9-4-56	(Month) (Day) (Year)
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH Sept 3, 1956	9. AGE (In years last birthday) 8	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) None	10b. KIND OF BUSINESS OR INDUSTRY NONE	11. BIRTHPLACE (City and State or Foreign Country) St. Louis Co., Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Norman Ward	13b. MOTHER'S MAIDEN NAME Marcella Niedringhaus	14. NAME OF HUSBAND OR WIFE None
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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. no	17. INFORMANT'S SIGNATURE OR NAME Norman Ward	ADDRESS Kirkwood 22, Missouri
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) respiratory failure		INTERVAL BETWEEN ONSET AND DEATH 9 hr
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) anoxia - from placenta		
	DUE TO (c) premi cerebralis		
II. 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 7610	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)
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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?
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22. I hereby certify that I attended the deceased from **Sept 3, 1956**, to **Sept 4, 1956**, that I last saw the deceased alive on **Sept 4, 1956**, and that death occurred at **6:49 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE CK Hammett	(Degree or title) MD	23b. ADDRESS 317 Central City	23c. DATE SIGNED 9/4/56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 9-5-56	24c. NAME OF CEMETERY OR CREMATORY St. Paul Luth. Cem.	24d. LOCATION (City, town, or county) (State) Des Peres, Mo.
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DATE REC'D BY LOCAL REG. 9/5/56	REGISTRAR'S SIGNATURE Hebecht R. Hammett	25. FUNERAL DIRECTOR'S SIGNATURE Schrader Funeral Home	ADDRESS Ballwin, Mo.
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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.....
Richard Bass

Licensed Embalmer No. *4584*

P. O. Address *Baltimore, Md.*

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.