

APR 29 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

15659

317

547

954

Registration District No. Primary Registration District No. Registrar's No.

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Richmond Heights</b>		c. CITY OR TOWN <b>Richmond Heights</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Marys Hospital</b>		d. STREET ADDRESS (If outside, give location) <b>1026 Claytonia Terr.</b>	
Length of stay in lb <b>6 Days</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) <b>JOHN VINCENT WARE</b>			4. DATE OF DEATH <b>April 9 1957</b>			
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		
8. DATE OF BIRTH <b>Jan. 30, 1891</b>		9. AGE (In years last birthday) <b>66</b>		IF UNDER 1 YEAR Months <b>2</b> Days <b>9</b> Hours <b></b> Min. <b></b>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Foreman</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Frisco R.R.</b>		11. BIRTHPLACE (City and state or country) <b>Toronto Canada</b>		
13. FATHER'S NAME <b>John Ware</b>			14. MOTHER'S MAIDEN NAME <b>Catherine Cahill</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>702-07-3264</b>		17. INFORMANT <b>Mrs John V. Ware 1026 Claytonia Terr.</b>		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Acute Myocardial Infarction</b>		INTERVAL BETWEEN ONSET AND DEATH <b>7 Days</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>Arteriosclerotic Heart Disease</b>		<b>4 Years</b>	
DUE TO (c)			

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (n) <b>Ventricular Tachycardia, acute Shock</b>			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY Hour <b></b> Month <b></b> Day <b></b> Year <b></b> a. m. <b></b> p. m. <b></b>				

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
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21. I attended the deceased from **4-3-57** to **April 9 1957** and last saw ~~her~~ **him** alive on **April 9 1957**  
Death occurred at **6:30 AM** m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <b>Frank J. Mangano M.D.</b>		22b. ADDRESS <b>1617 S. Brentwood Blvd.</b>		22c. DATE SIGNED <b>4/9/57</b>	
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>4/11/57</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Resurrection Cemetery</b>	
				23d. LOCATION (City, town, or county) (State) <b>St. Louis County Missouri</b>	

24. FUNERAL DIRECTOR <b>Ambruster Mortuary 6633 Clayton Road</b>		25. DATE RECD. BY LOCAL REG. <b>4-11-57</b>		26. REGISTRAR'S SIGNATURE <b>Herbert A. Dombrowski</b>	
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(Licensed Embalmer's Statement on Reverse Side)

S. 300  
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

securing the medical certificate in the specific manner required by 1921, 1930, 1937, 1942, 1949, 1954, 1957, 1960, 1963, 1966, 1969, 1972, 1975, 1978, 1981, 1984, 1987, 1990, 1993, 1996, 1999, 2002, 2005, 2008, 2011, 2014, 2017, 2020, 2023, 2026, 2029, 2032, 2035, 2038, 2041, 2044, 2047, 2050, 2053, 2056, 2059, 2062, 2065, 2068, 2071, 2074, 2077, 2080, 2083, 2086, 2089, 2092, 2095, 2098, 2101, 2104, 2107, 2110, 2113, 2116, 2119, 2122, 2125, 2128, 2131, 2134, 2137, 2140, 2143, 2146, 2149, 2152, 2155, 2158, 2161, 2164, 2167, 2170, 2173, 2176, 2179, 2182, 2185, 2188, 2191, 2194, 2197, 2200, 2203, 2206, 2209, 2212, 2215, 2218, 2221, 2224, 2227, 2230, 2233, 2236, 2239, 2242, 2245, 2248, 2251, 2254, 2257, 2260, 2263, 2266, 2269, 2272, 2275, 2278, 2281, 2284, 2287, 2290, 2293, 2296, 2299, 2302, 2305, 2308, 2311, 2314, 2317, 2320, 2323, 2326, 2329, 2332, 2335, 2338, 2341, 2344, 2347, 2350, 2353, 2356, 2359, 2362, 2365, 2368, 2371, 2374, 2377, 2380, 2383, 2386, 2389, 2392, 2395, 2398, 2401, 2404, 2407, 2410, 2413, 2416, 2419, 2422, 2425, 2428, 2431, 2434, 2437, 2440, 2443, 2446, 2449, 2452, 2455, 2458, 2461, 2464, 2467, 2470, 2473, 2476, 2479, 2482, 2485, 2488, 2491, 2494, 2497, 2500, 2503, 2506, 2509, 2512, 2515, 2518, 2521, 2524, 2527, 2530, 2533, 2536, 2539, 2542, 2545, 2548, 2551, 2554, 2557, 2560, 2563, 2566, 2569, 2572, 2575, 2578, 2581, 2584, 2587, 2590, 2593, 2596, 2599, 2602, 2605, 2608, 2611, 2614, 2617, 2620, 2623, 2626, 2629, 2632, 2635, 2638, 2641, 2644, 2647, 2650, 2653, 2656, 2659, 2662, 2665, 2668, 2671, 2674, 2677, 2680, 2683, 2686, 2689, 2692, 2695, 2698, 2701, 2704, 2707, 2710, 2713, 2716, 2719, 2722, 2725, 2728, 2731, 2734, 2737, 2740, 2743, 2746, 2749, 2752, 2755, 2758, 2761, 2764, 2767, 2770, 2773, 2776, 2779, 2782, 2785, 2788, 2791, 2794, 2797, 2800, 2803, 2806, 2809, 2812, 2815, 2818, 2821, 2824, 2827, 2830, 2833, 2836, 2839, 2842, 2845, 2848, 2851, 2854, 2857, 2860, 2863, 2866, 2869, 2872, 2875, 2878, 2881, 2884, 2887, 2890, 2893, 2896, 2899, 2902, 2905, 2908, 2911, 2914, 2917, 2920, 2923, 2926, 2929, 2932, 2935, 2938, 2941, 2944, 2947, 2950, 2953, 2956, 2959, 2962, 2965, 2968, 2971, 2974, 2977, 2980, 2983, 2986, 2989, 2992, 2995, 2998, 3001, 3004, 3007, 3010, 3013, 3016, 3019, 3022, 3025, 3028, 3031, 3034, 3037, 3040, 3043, 3046, 3049, 3052, 3055, 3058, 3061, 3064, 3067, 3070, 3073, 3076, 3079, 3082, 3085, 3088, 3091, 3094, 3097, 3100, 3103, 3106, 3109, 3112, 3115, 3118, 3121, 3124, 3127, 3130, 3133, 3136, 3139, 3142, 3145, 3148, 3151, 3154, 3157, 3160, 3163, 3166, 3169, 3172, 3175, 3178, 3181, 3184, 3187, 3190, 3193, 3196, 3199, 3202, 3205, 3208, 3211, 3214, 3217, 3220, 3223, 3226, 3229, 3232, 3235, 3238, 3241, 3244, 3247, 3250, 3253, 3256, 3259, 3262, 3265, 3268, 3271, 3274, 3277, 3280, 3283, 3286, 3289, 3292, 3295, 3298, 3301, 3304, 3307, 3310, 3313, 3316, 3319, 3322, 3325, 3328, 3331, 3334, 3337, 3340, 3343, 3346, 3349, 3352, 3355, 3358, 3361, 3364, 3367, 3370, 3373, 3376, 3379, 3382, 3385, 3388, 3391, 3394, 3397, 3400, 3403, 3406, 3409, 3412, 3415, 3418, 3421, 3424, 3427, 3430, 3433, 3436, 3439, 3442, 3445, 3448, 3451, 3454, 3457, 3460, 3463, 3466, 3469, 3472, 3475, 3478, 3481, 3484, 3487, 3490, 3493, 3496, 3499, 3502, 3505, 3508, 3511, 3514, 3517, 3520, 3523, 3526, 3529, 3532, 3535, 3538, 3541, 3544, 3547, 3550, 3553, 3556, 3559, 3562, 3565, 3568, 3571, 3574, 3577, 3580, 3583, 3586, 3589, 3592, 3595, 3598, 3601, 3604, 3607, 3610, 3613, 3616, 3619, 3622, 3625, 3628, 3631, 3634, 3637, 3640, 3643, 3646, 3649, 3652, 3655, 3658, 3661, 3664, 3667, 3670, 3673, 3676, 3679, 3682, 3685, 3688, 3691, 3694, 3697, 3700, 3703, 3706, 3709, 3712, 3715, 3718, 3721, 3724, 3727, 3730, 3733, 3736, 3739, 3742, 3745, 3748, 3751, 3754, 3757, 3760, 3763, 3766, 3769, 3772, 3775, 3778, 3781, 3784, 3787, 3790, 3793, 3796, 3799, 3802, 3805, 3808, 3811, 3814, 3817, 3820, 3823, 3826, 3829, 3832, 3835, 3838, 3841, 3844, 3847, 3850, 3853, 3856, 3859, 3862, 3865, 3868, 3871, 3874, 3877, 3880, 3883, 3886, 3889, 3892, 3895, 3898, 3901, 3904, 3907, 3910, 3913, 3916, 3919, 3922, 3925, 3928, 3931, 3934, 3937, 3940, 3943, 3946, 3949, 3952, 3955, 3958, 3961, 3964, 3967, 3970, 3973, 3976, 3979, 3982, 3985, 3988, 3991, 3994, 3997, 4000, 4003, 4006, 4009, 4012, 4015, 4018, 4021, 4024, 4027, 4030, 4033, 4036, 4039, 4042, 4045, 4048, 4051, 4054, 4057, 4060, 4063, 4066, 4069, 4072, 4075, 4078, 4081, 4084, 4087, 4090, 4093, 4096, 4099, 4102, 4105, 4108, 4111, 4114, 4117, 4120, 4123, 4126, 4129, 4132, 4135, 4138, 4141, 4144, 4147, 4150, 4153, 4156, 4159, 4162, 4165, 4168, 4171, 4174, 4177, 4180, 4183, 4186, 4189, 4192, 4195, 4198, 4201, 4204, 4207, 4210, 4213, 4216, 4219, 4222, 4225, 4228, 4231, 4234, 4237, 4240, 4243, 4246, 4249, 4252, 4255, 4258, 4261, 4264, 4267, 4270, 4273, 4276, 4279, 4282, 4285, 4288, 4291, 4294, 4297, 4300, 4303, 4306, 4309, 4312, 4315, 4318, 4321, 4324, 4327, 4330, 4333, 4336, 4339, 4342, 4345, 4348, 4351, 4354, 4357, 4360, 4363, 4366, 4369, 4372, 4375, 4378, 4381, 4384, 4387, 4390, 4393, 4396, 4399, 4402, 4405, 4408, 4411, 4414, 4417, 4420, 4423, 4426, 4429, 4432, 4435, 4438, 4441, 4444, 4447, 4450, 4453, 4456, 4459, 4462, 4465, 4468, 4471, 4474, 4477, 4480, 4483, 4486, 4489, 4492, 4495, 4498, 4501, 4504, 4507, 4510, 4513, 4516, 4519, 4522, 4525, 4528, 4531, 4534, 4537, 4540, 4543, 4546, 4549, 4552, 4555, 4558, 4561, 4564, 4567, 4570, 4573, 4576, 4579, 4582, 4585, 4588, 4591, 4594, 4597, 4600, 4603, 4606, 4609, 4612, 4615, 4618, 4621, 4624, 4627, 4630, 4633, 4636, 4639, 4642, 4645, 4648, 4651, 4654, 4657, 4660, 4663, 4666, 4669, 4672, 4675, 4678, 4681, 4684, 4687, 4690, 4693, 4696, 4699, 4702, 4705, 4708, 4711, 4714, 4717, 4720, 4723, 4726, 4729, 4732, 4735, 4738, 4741, 4744, 4747, 4750, 4753, 4756, 4759, 4762, 4765, 4768, 4771, 4774, 4777, 4780, 4783, 4786, 4789, 4792, 4795, 4798, 4801, 4804, 4807, 4810, 4813, 4816, 4819, 4822, 4825, 4828, 4831, 4834, 4837, 4840, 4843, 4846, 4849, 4852, 4855, 4858, 4861, 4864, 4867, 4870, 4873, 4876, 4879, 4882, 4885, 4888, 4891, 4894, 4897, 4900, 4903, 4906, 4909, 4912, 4915, 4918, 4921, 4924, 4927, 4930, 4933, 4936, 4939, 4942, 4945, 4948, 4951, 4954, 4957, 4960, 4963, 4966, 4969, 4972, 4975, 4978, 4981, 4984, 4987, 4990, 4993, 4996, 4999, 5002, 5005, 5008, 5011, 5014, 5017, 5020, 5023, 5026, 5029, 5032, 5035, 5038, 5041, 5044, 5047, 5050, 5053, 5056, 5059, 5062, 5065, 5068, 5071, 5074, 5077, 5080, 5083, 5086, 5089, 5092, 5095, 5098, 5101, 5104, 5107, 5110, 5113, 5116, 5119, 5122, 5125, 5128, 5131, 5134, 5137, 5140, 5143, 5146, 5149, 5152, 5155, 5158, 5161, 5164, 5167, 5170, 5173, 5176, 5179, 5182, 5185, 5188, 5191, 5194, 5197, 5200, 5203, 5206, 5209, 5212, 5215, 5218, 5221, 5224, 5227, 5230, 5233, 5236, 5239, 5242, 5245, 5248, 5251, 5254, 5257, 5260, 5263, 5266, 5269, 5272, 5275, 5278, 5281, 5284, 5287, 5290, 5293, 5296, 5299, 5302, 5305, 5308, 5311, 5314, 5317, 5320, 5323, 5326, 5329, 5332, 5335, 5338, 5341, 5344, 5347, 5350, 5353, 5356, 5359, 5362, 5365, 5368, 5371, 5374, 5377, 5380, 5383, 5386, 5389, 5392, 5395, 5398, 5401, 5404, 5407, 5410, 5413, 5416, 5419, 5422, 5425, 5428, 5431, 5434, 5437, 5440, 5443, 5446, 5449, 5452, 5455, 5458, 5461, 5464, 5467, 5470, 5473, 5476, 5479, 5482, 5485, 5488, 5491, 5494, 5497, 5500, 5503, 5506, 5509, 5512, 5515, 5518, 5521, 5524, 5527, 5530, 5533, 5536, 5539, 5542, 5545, 5548, 5551, 5554, 5557, 5560, 5563, 5566, 5569, 5572, 5575, 5578, 5581, 5584, 5587, 5590, 5593, 5596, 5599, 5602, 5605, 5608, 5611, 5614, 5617, 5620, 5623, 5626, 5629, 5632, 5635, 5638, 5641, 5644, 5647, 5650, 5653, 5656, 5659, 5662, 5665, 5668, 5671, 5674, 5677, 5680, 5683, 5686, 5689, 5692, 5695, 5698, 5701, 5704, 5707, 5710, 5713, 5716, 5719, 5722, 5725, 5728, 5731, 5734, 5737, 5740, 5743, 5746, 5749, 5752, 5755, 5758, 5761, 5764, 5767, 5770, 5773, 5776, 5779, 5782, 5785, 5788, 5791, 5794, 5797, 5800, 5803, 5806, 5809, 5812, 5815, 5818, 5821, 5824, 5827, 5830, 5833, 5836, 5839, 5842, 5845, 5848, 5851, 5854, 5857, 5860, 5863, 5866, 5869, 5872, 5875, 5878, 5881, 5884, 5887, 5890, 5893, 5896, 5899, 5902, 5905, 5908, 5911, 5914, 5917, 5920, 5923, 5926, 5929, 5932, 5935, 5938, 5941, 5944, 5947, 5950, 5953, 5956, 5959, 5962, 5965, 5968, 5971, 5974, 5977, 5980, 5983, 5986, 5989, 5992, 5995, 5998, 6001, 6004, 6007, 6010, 6013, 6016, 6019, 6022, 6025, 6028, 6031, 6034, 6037, 6040, 6043, 6046, 6049, 6052, 6055, 6058, 6061, 6064, 6067, 6070, 6073, 6076, 6079, 6082, 6085, 6088, 6091, 6094, 6097, 6100, 6103, 6106, 6109, 6112, 6115, 6118, 6121, 6124, 6127, 6130, 6133, 6136, 6139, 6142, 6145, 6148, 6151, 6154, 6157, 6160, 6163, 6166, 6169, 6172, 6175, 6178, 6181, 6184, 6187, 6190, 6193, 6196, 6199, 6202, 6205, 6208, 6211, 6214, 6217, 6220, 6223, 6226, 6229, 6232, 6235, 6238, 6241, 6244, 6247, 6250, 6253, 6256, 6259, 6262, 6265, 6268, 6271, 6274, 6277, 6280, 6283, 6286, 6289, 6292, 6295, 6298, 6301, 6304, 6307, 6310, 6313, 6316, 6319, 6322, 6325, 6328, 6331, 6334, 6337, 6340, 6343, 6346, 6349, 6352, 6355, 6358, 6361, 6364, 6367, 6370, 6373, 6376, 6379, 6382, 6385, 6388, 6391, 6394, 6397, 6400, 6403, 6406, 6409, 6412, 6415, 6418, 6421, 6424, 6427, 6430, 6433, 6436, 6439, 6442, 6445, 6448, 6451, 6454, 6457, 6460, 6463, 6466, 6469, 6472, 6475, 6478, 6481, 6484, 6487, 6490, 6493, 6496, 6499, 6502, 6505, 6508, 6511, 6514, 6517, 6520, 6523, 6526, 6529, 6532, 6535, 6538, 6541, 6544, 6547, 6550, 6553, 6556, 6559, 6562, 6565, 6568, 6571, 6574, 6577, 6580, 6583, 6586, 6589, 6592, 6595, 6598, 6601, 6604, 6607, 6610, 6613, 6616, 6619, 6622, 6625, 6628, 6631, 6634, 6637, 6640, 6643, 6646, 6

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 *W E Morris*

Licensed Embalmer No. *336*

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.