

Health,
Welfare
Public
Service

FILED MAY 1 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28843-58

58-016586
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4439

300
-57

BIRTH # 8530

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms or signs to be recorded. All diseases in Part I must be causally related.

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE				b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWNSHIP ST. LOUIS, MO.				Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN ST. LOUIS, MO.				Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. LOUIS CITY HOSPITAL #1.				Length of stay in lb		d. STREET ADDRESS (If outside, give location) 3113 DELMAR				Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last BABY GIRL Katherine WARD						4. DATE OF DEATH Month Day Year APRIL 16, 1958					
5. SEX FEMALE 3		6. COLOR OR RACE NEGRO		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH APRIL 15, 1958		9. AGE (In years - last birthday) IF UNDER 1 YEAR Months Days 1 10		IF UNDER 24 HRS. Hour Min 6 10	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NO				10b. KIND OF BUSINESS OR INDUSTRY NO		11. BIRTHPLACE (City and state or country) ST. LOUIS, MO			12. CITIZEN OF WHAT COUNTRY? U.S.A		
13a. FATHER'S NAME LEDELL WARD				13b. MOTHER'S MAIDEN NAME MARADELL BOYD				14. NAME OF HUSBAND OR WIFE			
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 Address ST. LOUIS CITY HOSP. #1.					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Respiratory Insufficiency</i> DUE TO (b) <i>Neonatal Distress</i> DUE TO (c) <i>Prolonged unsuccessful labor</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Delivered by C-Section</i>										INTERVAL BETWEEN ONSET AND DEATH 76 10	
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 Month, Day, Year a.m. p.m.			20d. INJURY OCCURRED WHILE AT <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		
21. I attended the deceased from 4/15/58 to 4/16/58 and last saw her alive on 4/16/58 Death occurred at 10:30 A.M. 10:30 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.											
22a. SIGNATURE (Degree or title) <i>Josephine C. Carr M.D.</i>						22b. ADDRESS 1515 LAFAYETTE AVE.			22c. DATE SIGNED 4/16/58		
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE 4-30-58		23c. NAME OF CEMETERY OR CREMATORY Anatomical Board				23d. LOCATION (City, town, or county) (State) St. Louis, Mo.			
24. FUNERAL DIRECTOR ADDRESS Rowland Akel 4104 Manchester						25. DATE RECD. BY LOCAL REG. APR 24 '58		26. REGISTRAR'S SIGNATURE <i>Paul Smith mo</i> <i>mfb</i>			

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

Licensed Embalmer No.

P. O. Address

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.