

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

58-031079

State File No. ....

FILED AUG 28 1958

REG. DIST. NO.

318

PRIMARY REG. DIST. NO.

1003

Registrar's No. 7725

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <b>St. Louis, Mo.</b>				a. STATE <b>Missouri</b>			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>St. Louis, Mo.</b>		c. LENGTH OF STAY (in this place) township)		c. CITY OR TOWN <b>St. Louis</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>27 Homer Phillips Hospital</b>				e. STREET ADDRESS (If rural, give location) <b>1921a Goode Avenue</b>			
3. NAME OF DECEASED (Type or Print)		a. (First) <b>Jessie</b>		b. (Middle) <b>M.</b>		c. (Last) <b>Ward</b>	
4. DATE OF DEATH		(Month) (Day) (Year)		<b>8-6-58</b>			
5. SEX <b>Female</b>		6. COLOR OR RACE <b>Negro</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>12-25-1887</b>	
9. AGE (In years last birthday) <b>70</b>		IF UNDER 1 YEAR Months Days		IF UNDER 12 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House Keeper</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>---</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Farmington, Missouri</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>							
13a. FATHER'S NAME <b>Murphey</b>			13b. MOTHER'S MAIDEN NAME <b>Suzan</b>			14. NAME OF HUSBAND OR WIFE <b>Joseph Ward</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>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Althea Ward Wells 1921a Goode Ave</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION					
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage</b>		INTERVAL BETWEEN ONSET AND DEATH					
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES					
DUE TO (b) <b>Hypertensive Cardiovascular Disease</b>		Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
DUE TO (c)							
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>443x</b>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>-</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>-</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>-</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. <b>-</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>-</b>			
22. I hereby certify that I attended the deceased from <b>5-13</b> , 19 <b>58</b> , to <b>8-6-</b> , 19 <b>58</b> , that I last saw the deceased alive on <b>8-6-</b> , 19 <b>58</b> , and that death occurred at <b>2:30</b> p. m., from the causes and on the date stated above.							
23a. SIGNATURE (Name or title) <b>Monroe N. Little</b>				23b. ADDRESS <b>3167 Sheridan Avenue</b>		23c. DATE SIGNED <b>8-8-58</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>8-11-58</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Greenwood</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>AUG 8 '58</b>		REGISTRAR'S SIGNATURE <b>Floyd English</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>1123 N. Taylor Ave</b>			

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 *Wallace R. Williams*

Licensed Embalmer No. *4926*

P. O. Address *5735 Lotus*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fail 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.