

FILED SEP 29 1958

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-034796  
STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **8924**

300  
-57  
0

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>St. Louis</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Richmond Heights</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Jewish Hospital</b>		Length of stay in lb	d. STREET ADDRESS (If outside, give location) <b>6322 Clayton Rd.</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED First **Clyde** Middle **L.** Last **Ward**

4. DATE OF DEATH Month **9** Day **14** Year **58**

5. SEX **Male** 6. COLOR OR RACE **White** 7. MARRIED  NEVER MARRIED  WIDOWED  2 DIVORCED

8. DATE OF BIRTH **August 23, 1891** 9. AGE (In years last birthday) **67** 10. FUNDER 1 YEAR Months **67** Days **0** 11. IF UNDER 24 HRS. Hours **0** Min. **0**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Salesman**

10b. KIND OF BUSINESS OR INDUSTRY **Insurance**

11. BIRTHPLACE (City and state or country) **St. Louis, Missouri**

12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **John Ward** 13b. MOTHER'S MAIDEN NAME **Alice Lee** 14. NAME OF HUSBAND OR WIFE **Deceased**

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **No** **None**

16. SOCIAL SECURITY NO. **492-10-2498** 17. INFORMANT **Clyde J. Ward Jr.** Address **6322 Clayton Rd.**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) **Carcinomatous ca bladder**

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) **181-0**

DUE TO (c) **8 mo.**

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

19. WAS AUTOPSY PERFORMED? YES  NO  1

20a. ACCIDENT  SUICIDE  HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour **9:30** a.m. **AM** Month, Day, Year

20d. INJURY OCCURRED WHILE AT  NOT WHILE AT WORK

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION **St. Louis** COUNTY **St. Louis** STATE **Missouri**

21. I attended the deceased from **Jan 58** to **Sept 14, 58** and last saw him alive on **Sept 13, 58**

**Sept 14 9:30 AM** m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE **A. Landon M.D.** (Degree or title)

22b. ADDRESS **462 N. Taylor**

22c. DATE SIGNED **Sept 14, 58**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Burial**

23b. DATE **9-17-1958**

23c. NAME OF CEMETERY OR CREMATORY **Valhalla Cemetery**

23d. LOCATION (City, town, or county) (State) **St. Louis Co., Missouri**

24. FUNERAL DIRECTOR **Jos. W. Clark F.H.** ADDRESS **1125 Hodiamont**

25. DATE RECD. BY LOCAL REG. **SEP 16 58**

26. REGISTRAR'S SIGNATURE **C. Smith M.D.**

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

11:30 to 3:30

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 *Alfred J. Boedecker* .....  
Licensed Embalmer No. *2663*  
P. O. Address *1125 Hudson*

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.