

Health, Welfare and Public Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-003608

STATE FILE NUMBER

Registrar 2 725

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Registration District No. 4 1958 Primary Registration District No. Registrar 2 725

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| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived: If institution: Residence before admission) a. STATE Missouri b. COUNTY | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN St. Louis 2199 |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. John's Hospital | | Length of stay in lb 40 yrs. | d. STREET ADDRESS (If outside, give location) 311 N. Whittier |
| | | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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| 3. NAME OF DECEASED (Type or print) First Middle Last Helen Olga Ward | | | 4. DATE OF DEATH Month Day Year January 20, 1959 | | |
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| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH Nov. 17, 1897 | 9. AGE (In years last birthday) 61 | 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) Clerk | 10b. KIND OF BUSINESS OR INDUSTRY Merritt Sales Builders | 11. BIRTHPLACE (City and state or country) St. James, Mo. | 12. CITIZEN OF WHAT COUNTRY? U.S. |
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| 13a. FATHER'S NAME Charles C. Smallwood | 13b. MOTHER'S MAIDEN NAME Johanne Hogan | 14. NAME OF HUSBAND OR WIFE Thomas Ward |
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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. 488-09-0182 | 17. INFORMANT Charles Smallwood, St. James, Mo. | Address |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary occlusion | | INTERVAL BETWEEN ONSET AND DEATH Sudden |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | 420.1 |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) None | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.) None |
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| 20c. TIME OF INJURY Hour Month, Day, Year a.m. - - - p.m. - - - | None |
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| 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 10-11-55 to 1-20-59 and last saw her alive on 1-5-59 Death occurred at 5:20 pm m on the date stated above; and to the best of my knowledge, from the causes stated. |
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| 22a. SIGNATURE (Degree or title) Edward P. Reh MD | 22b. ADDRESS 4500 Olive St. Louis (8) Mo | 22c. DATE SIGNED 1-21-59 |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 23b. DATE 1-22-59 | 23c. NAME OF CEMETERY OR CREMATORY Catholic Cemetery | 23d. LOCATION (City, town, or county) (State) St. James, Mo. |
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| 24. FUNERAL DIRECTOR Albert H. Hoppe, 4700 Washington Blvd. | 25. DATE RECD. BY LOCAL REG. JAN 22 '59 | 26. REGISTRAR'S SIGNATURE Carl Smith MD |
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All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Lawrence P. Gehl*

Licensed Embalmer No. *4979*

P. O. Address *St. Louis, Mo.*

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.