

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

XC

AMENDED

Registration District No. SL 24894 Primary Registration District No. 1003 Registrar's No. 1520 STATE FILE NUMBER 61-007004

FILED VS FEB 28 1961

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>ST LOUIS, MO.</u>		Length of stay in 1b <u>4 DAYS</u>	c. CITY OR TOWN <u>ST LOUIS</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>VETERANS ADMIN HOSPITAL</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>811 1/2 McLaren</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>RALPH</u> Middle <u>E.</u> Last <u>WARD</u>			4. DATE OF DEATH Month <u>2</u> Day <u>13</u> Year <u>61</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>CAU</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>10-13-80</u>	9. AGE (last birthday) <u>80</u>	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>PUBLIC SVC WORKER (RET)</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>BENTON, ILL.</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>JOHN T. WARD</u>		13b. MOTHER'S MAIDEN NAME <u>ALICE LEA</u>		14. NAME OF HUSBAND OR WIFE <u>Ethel</u>	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
YES 1905 - 1907

17. INFORMANT MILDRED WARD Address 811 1/2 McLaren St. Louis, Missouri.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) PNEUMOTHORAX

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) BULLOUS EMPHYSEMA

DUE TO (c) OLD TUBERCULOSIS 002x

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

PART III. If deceased was female was there a pregnancy in last 90 days.
 Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO

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 Month, Day, Year
a.m. p.m.

20d. INJURY OCCURRED WHILE AT WORK 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 COUNTY STATE

21. I VA attended the deceased from 2-10-61 to 2-13-61 Death occurred at 7:50 AM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Do not sign for or title)
Obayashi, N. Kuhn

22b. ADDRESS
VA HOSPITAL 915 NO. GRAND ST. LOUIS 6, MO.

22c. DATE SIGNED
2-13-61

23a. BURIAL, CREMATION, REMOVAL (Specify)
Removal

23b. DATE
2-16-61

23c. NAME OF CEMETERY OR CREMATORY
Valhalla Cemetery

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

24. FUNERAL DIRECTOR ADDRESS
Harry A. Kraeger, 24 Chapel Hill

25. DATE RECD. BY LOCAL REG.
FEB 14 1961

26. REGISTRAR'S SIGNATURE
Paul Smith, M.D.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF

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 Elton H. Remelius

Licensed Embalmer No. 4283

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.