SSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-61-043011
STATE FILE NUMBER

AMENDED

Registration District No. FILED DEC 1 1961 Primary Registration District No. 1003 Registrar's No. 11001

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 — Length of stay in 1b 3-wks.

c. CITY OR TOWN St.Louis — Inside Limits Yes X No ☐

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lutheran Hospital — Inside Limits Yes X No ☐

d. STREET ADDRESS (If outside, give location) 1039 So. 12th St. — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print) First Frank Middle W. Last Ward

4. DATE OF DEATH Month November Day 24, Year 1961

5. SEX Male

6. COLOR OR RACE White

7. Married X Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH 1/3/95

9. AGE (last birthday) 66 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.

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

10b. KIND OF BUSINESS OR INDUSTRY Elder Mfg. Co.

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

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

13a. FATHER'S NAME ---- Ward

13b. MOTHER'S MAIDEN NAME unknown

14. NAME OF HUSBAND OR WIFE Minnie

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

16. SOCIAL SECURITY NO. unknown

17. INFORMANT Address Mrs. Minnie Ward - 1039 So. 12th St.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Arterio-Sclerotic Cardio Vascular Dis — INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c) 422.1

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

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

19. WAS AUTOPSY PERFORMED? YES X 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 a.m. p.m. Month, Day, Year

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 attended the deceased from 11/6/61, to 11/22/61 and last saw her/him alive on 11/22/61
Death occurred at 5:45 A. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Herbert J. Hudi, M.D. For Eugene A. Vogel, M.D.

22b. ADDRESS 3535 Gravois Ave

22c. DATE SIGNED 11/25/61

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

23b. DATE Nov.27, 1961

23c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park

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

24. FUNERAL DIRECTOR ADDRESS WACKER-HELDERLE-3634 Gravois Ave.

25. DATE RECD. BY LOCAL REG. NOV 27 1961

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

DATE AMENDED — INSTEAD OF — SHOULD READ — ITEM NO. — DOCUMENT — BY AFFIDAVIT OF — 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_____ Signed Norma M. Bello

Signature of Student Embalmer

Licensed Embalmer No. 4373

P. O. Address St. Louis 23, 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.