MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

20091

File No. 5858

Registered No.

1. PLACE OF DEATH

County

Township

City St Louis (No. 4431 So Broadway St. Ward)

Registration District No. 791

Primary Registration District No. 1003

2. FULL NAME Julia Frances Warner (WARNE)

(a) Residence. No. St., 15 Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single

5a. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 19. 1835

7. AGE: Years 91 | Months 10 | Days 6 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: School Teacher
(b) General nature of industry, business, or establishment in which employed (or employer): (Retired)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St Louis
(STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER Thomas S. Warner

11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Nova Scotia

12. MAIDEN NAME OF MOTHER Pamela Jane Hart

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) New Brunswick
(STATE OR COUNTRY) Canada

14. INFORMANT Mrs. H. E. Collins
(Address) 4481 So. Broadway

15. FILED JUN 26 1927 Mau 6 Starkoff
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 25 1927

17. I HEREBY CERTIFY, That I attended deceased from April, 1926, to June 25, 1927 that I last saw h.e. alive on June 20, 1927, and that death occurred, on the date stated above, at 9.05 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Myocarditis
Chronic Interstitial
Nephritis
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Senility
(duration) yrs. mos. ds.

1310
9
1670

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? No. DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Chas E Nydinger M. D.
6/26, 1927 (Address) Humboldt Bldg

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Oak Dale | DATE OF BURIAL: June 27 1927

20. UNDERTAKER: Hoffmeister U & L Co | ADDRESS: 7814 So Broadway

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Dr Hyndmann
Humboldt Bldg 5734 Calif