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

Do not use this space.

20237

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 5919

City St. Louis (No. St. Luke's Hospital St. ..... Ward)

2. FULL NAME Ruth Arletta Warlick

(a) Residence. No. 3905 Miami St., 16 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Female	White	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 4 - 1923

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	6	4	25	

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illi

PARENTS
10. NAME OF FATHER John A. Warlick
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Illi
12. MAIDEN NAME OF MOTHER Helen Chitty
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Illi

14. INFORMANT Mrs. Joseph Herdlicka
(Address) 3925 Miami St.

15. FILED MAY 30 1929 Max C. Tankey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 5 - 29 - 1929

17. I HEREBY CERTIFY, That I attended deceased from May 21, 1929 to May 29, 1929 that I last saw her alive on May 29, 1929, and that death occurred, on the date stated above, at May 2/29 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Lobar pneumonia
Empyema 108
110 B
(duration) yrs. mos. 10 ds.

CONTRIBUTORY (SECONDARY) 101 A
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? yes
WHAT TEST CONFIRMED DIAGNOSIS? yes
(Signed) Geo. H. Wood, M. D.
5/29, 1929 (Address) St. Luke's Hosp.

*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	DATE OF BURIAL
Aurora Illi	May 31 1929
20. UNDERTAKER	**ADDRESS**
Wacker-Helderle	2331 So. Bring

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

2 4 2 2 261

Dr. J. G. Kempleman.

Dr. [illegible].