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

Do not use this space.

29430

File No. 8605

Registered No.

1. PLACE OF DEATH

County ..... Registration District No. 721

Township ..... Primary Registration District No. 1003

City St. Louis (No. St. Johns Hosp. St. ..... Ward)

2. FULL NAME Margaret E. Warren

(a) Residence. No. 5283 Waterman Av. St., 12 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) March 26, 1899

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	30	4	25	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Clerk
(b) General nature of industry, business, or establishment in which employed (or employer) M.K. & T. RR. Co.
(c) Name of employer

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

PARENTS

10. NAME OF FATHER Thomas A. Warren

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

12. MAIDEN NAME OF MOTHER Mary Freeman

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Missouri

14. INFORMANT H. G. Warren
(Address) 2133 Maury Av.

15. FILED ....., 19.. Max C. Starkey Jr. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 21 1929

17. I HEREBY CERTIFY, That I attended deceased from Aug 10, 1929, to Aug 21, 1929 that I last saw her alive on Aug 21, 1929, and that death occurred, on the date stated above, at 1:30 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

General peritonitis

(duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (SECONDARY) Suppurative Appendicitis

(duration) ..... yrs. ..... mos. 11 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? Yes DATE OF Aug. 19, 1929

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) W. B. Kiefer, M. D.

8/21, 1929 (Address) 4500 Olive St.

*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 Bellefontaine Mem. DATE OF BURIAL 8-24 1929

20. UNDERTAKER Kriegshauser U. Co. ADDRESS 4228 S. Kingshighway

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.

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