NOV 4 1936

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

791

Do not use this space.

39218

1. PLACE OF DEATH

County ..... Registration District No. 1003

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

City St. Louis (No. 3820 a, Kennerly St. ..... Ward)

File No. .....

Registered No. 10250

2. FULL NAME Thelma O. Warner

(a) Residence, No. 3820a Kennerly St., 11 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): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug 26 1911

7. AGE: YEARS 25 | MONTHS 1 | DAYS 14 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

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

FATHER

13. NAME Harry E Yorger

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Nebraska

MOTHER

15. MAIDEN NAME Irene Crawford

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

17. INFORMANT (ADDRESS): Harry E. Yorger 3820 a Kennerly

18. BURIAL, CREMATION, OR REMOVAL

PLACE St. Peters DATE 1936

19. UNDERTAKER (ADDRESS): Akron L & U. Co 2707 N Grand Blvd

20. FILED OCT 11 1936 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct 10, 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 9, 1936, to Oct 10, 1936

I last saw her alive on Oct 9, 1936. Death is said to have occurred on the date stated above, at 3 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Dilatation of Heart caused by valvular disease of heart	10/9/36
Other contributory causes of importance: Acute Hepatitis	10/9/36

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) John J Kehoe, M. D.

(Address) 4145 St Louis Ave

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.

100M-3-28-35