

NOV 15 1937

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

35992

Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. **1003**

(b) Township..... Primary Registration District No. **City Hospital No. 1**

(c) City **St. Louis** (d) Street No. **City Hospital No. 1** St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)

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

C. 9872

2. PRINT FULL NAME

Mary Etta Warriner (Marietta Warriner)

(a) Residence, No. **1 509 South 10th.** **23** (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **female** 4. COLOR OR RACE **white** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (circle the word) **Widowed**

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

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

Oct 9, 1847

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
90		0	4	

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

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

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) **Pittsburgh Pennsylvania**

13. NAME **Joseph Peters**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Oil City, Pennsylvania**

15. MAIDEN NAME **Unknown**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Pennsylvania**

17. INFORMANT (ADDRESS) **Hosp Info M. Kent City Hospital #1**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Park Lawn Cem.** DATE **Oct. 15, 1937**

19. FUNERAL DIRECTOR (ADDRESS) **C. HOFFMEISTER UNDERTAKING & LIVERY**
7814 So. B'way, St. Louis Mo.

20. FILED **OCT 14 1937** **J. Bredeck**
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **10/13/37**, 19

22 **10/5/37** **REBY CERTIFIED** **10/13/37** attended deceased from 19..... to 19.....

I last saw her alive on **10/13/37**, 19..... Death is said to have occurred on the date stated above, at **5.05 a**

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

Pneumonia, lobar, rt upper and left lower

Date of onset

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? **Yes**

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?.....
 If so, specify.....

(Signed) **E. P. Reh**, M. D.

(Address) **City Hospital No. 1**

STATEMENT BY LICENSED EMBALMER

I, George W. Hoffmeister Licensed Embalmer No. 2426

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Leo J. Buddo, L.E.

3989 L.E. and Linus C. Hoffmeister, L.E. # 3871

No. _____ or by _____ Registered Apprentice No. _____

working under my personal supervision.

Signed

Geo. W. Hoffmeister

Licensed Embalmer No. 2426

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.)