

REC'D APR 11 1938

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

8563

Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
(b) Township Primary Registration District No. **1003**
(c) City **St. Louis, Mo.** (d) Street No. **City Infirmary** St. **2151**
(e) Length of residence in city or town where death occurred **78** yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

William Warren 650
(a) Residence, No. **5800 Arsenal** St. **13** (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 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 **Josephine Warren**
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Nov. 12, 1859**
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
78 3 19

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Shoe Worker**
9. Industry or business in which work was done, as 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 **John Warren**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Illinois**MOTHER 15. MAIDEN NAME **Mary A. Trayner**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Illinois**17. INFORMANT (ADDRESS) **J.G. Sullivan 5800 Arsenal St.**18. BURIAL, CREMATION, OR REMOVAL PLACE **Calvary Cemetery** DATE **March 3, 1938**19. FUNERAL DIRECTOR (ADDRESS) **Croghan Undertaking Co. Inc 7146 Manchester**20. FILED **MAR 2 1938** **J. B. Bredich** (Address) **5600 Arsenal**

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **March 1, 1938**22. I HEREBY CERTIFY, That I attended deceased from **February 27, 1936 to March 1, 1938**I last saw him alive on **March 1, 1938** Death is said to have occurred on the date stated above, at **5:30 A.M.**

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

Date of onset

Degenerative Heart Disease
Emphysema, right small lobe
2/14/38

Other contributory causes of importance:

Atherosclerosis, general

Name of operation **None** Date ofWhat test confirmed diagnosis? **None** Was there an autopsy?

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) **R. Young**, M. D.(Address) **5600 Arsenal**

(Licensed Embalmer's Statement on Reverse Side)

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.

STATEMENT BY LICENSED EMBALMER

I, M. J. Cropanzano, Licensed Embalmer No. 2622

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed M. J. Cropanzano

Licensed Embalmer No. 2622

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.)