

REC'D MAY 10 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

12938
Do not use this space.

1. PLACE OF DEATH

(a) County.....
(b) Township.....
(c) City St. Louis, Missouri
(e) Length of residence in city or town where death occurred yrs. mos. 25 ds.

Registration District No. 791
Primary Registration District No. 1008
(d) Street No. BARNES HOSPITAL
(If death occurred in Hospital or Institution, write its name instead of street and number)

Registered No. 3542

2. PRINT FULL NAME

Samuel Andrew Warwick 620
(a) Residence, No. 3411 1/2 Eads St. 17
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1-29-'57

7. AGE YEARS 81 MONTHS 2 DAYS 15 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Missionary
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) 1-2-35
11. Total time (years) spent in this occupation 20 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ontario, Canada

FATHER 13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unk.

MOTHER 15. MAIDEN NAME unk.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unk.

17. INFORMANT Clara Bell
(ADDRESS) 1323 1/2 Dolman

18. BURIAL, CREMATION, OR REMOVAL PLACE Lake Charles, Ceme. DATE 4/16/38

19. FUNERAL DIRECTOR (NAME) Albert H. Hoppa, Inc.
(ADDRESS) 429 No. Euclid Ave.

20. FILED APR 15 1938 J. V. Prichard

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/14/38 19..

22. I HEREBY CERTIFY, That I attended deceased from 3-19-38, 19.., to 4-14-38, 19..

I last saw him alive on 4-14-38, 19.. Death is said to have occurred on the date stated above, at 11:30 a.m.

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

Thrombosis of Femoral Arteries, Bilateral
Arteriosclerosis, generalized
Date of onset 3 days

Other contributory causes of importance:
Tuberculous Ulceration of Neck

Name of operation..... 28 Date of.....
What test confirmed diagnosis?..... Was there an autopsy? Y

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) B. H. Chase, M. D.
(Address) BARNES HOSPITAL

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 hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed.....

Albert G. Hopper

Licensed Embalmer No.....

2971

P. O. Address.....

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.)

If this body is not embalmed, above space should be left blank.