S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 8788

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 2271

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Mo Baptist Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County

(c) City or town St. Louis 16
(If outside city or town limits, write "RURAL")

(d) Street No. 3941 Keokuk Ave
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Florence Warth

3. (b) If veteran, name war None

3. (c) Social Security No. 494-05-9774

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Henry Warth

6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased Jan (Month) 14th (Day) 1896 (Year)

8. AGE: Years 44 Months 1 Days 20 If less than one day hr. min.

9. Birthplace Franklin County (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Sales lady Part time

11. Industry or business Klines Clothing Co.

FATHER
12. Name Fred Schroepfer
13. Birthplace (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Mary Hoelscher
15. Birthplace (City, town, or county) Mo (State or foreign country)

16. (a) Informant Henry Warth
(b) Address 3941 Keokuk Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-8-40 (Month) (Day) (Year)
(c) Place: burial or cremation New St Marcus

18. (a) Signature of funeral director Kriegshauser Mortuaries
(b) Address 4228 So Kingshighway

19. (a) MAR 7 1940 (Date received local registrar) (b) J. F. Goebeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 5th year 1940 hour 3 PM minute M.

21. I hereby certify that I attended the deceased from 1/5, 1940, to 3/5, 1940, that I last saw her alive on 3/4/6, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of chest (mediastinum)	6 mos
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature L. A. Milbekin (M. D. or other)
Address 2608 S. Kingshighway Date signed 3/6/40

(Licensed Embalmer's Statement on Reverse Side)

Dr. Millikex

Ex 6830

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 Reinhold K. Lohmann

Licensed Embalmer No. 3395

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.