

FILED MAY 15 1940

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 3353

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:  
St. Anthony 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. 4104 Hartford  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

8. (a) PRINT FULL NAME Emilie Warrington 652

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife John G. Warrington 6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased March 28 1877  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
63 - 14 hr. min.

9. Birthplace England 4  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name John Trebilcock  
18. Birthplace England 4  
(City, town, or county) (State or foreign country)

{ 14. Maiden name Fannie White  
15. Birthplace England 4  
(City, town, or county) (State or foreign country)

16. (a) Informant John G. Warrington  
(b) Address 4104 Hartford

17. (a) V. Buriala (b) Date thereof 4-13-40  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Valhalla Cemetery  
(b) Address 3013 Meramec

19. (a) APR 12 1940 (b) \_\_\_\_\_  
(Date received by Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 11  
year 1940 hour 4.50 minute A. M.

21. I hereby certify that I attended the deceased from October 19  
1939 to April 11, 19 40  
that I last saw h er alive on April 11, 19 40  
and that death occurred on the date and hour stated above.

Immediate cause of death Myelogenous Leukemia  
Duration: 6 months.

Due to \_\_\_\_\_  
Due to No secondary cause of death.

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

PHYSICIAN  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
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? \_\_\_\_\_

While at work \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature C. L. Forest, M.D. (M. D. or other) \_\_\_\_\_  
Address 3606 Gravois Ave. Date signed 4/12/40

3606 Meramec

**STATEMENT BY LICENSED EMBALMER**

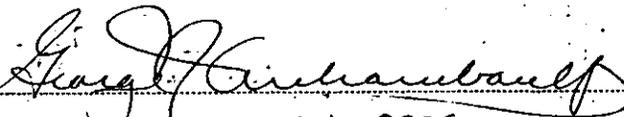
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

**George N. Archambault**

Registered Apprentice No. ....

working under my personal supervision.

Signed



Licensed Embalmer No. **2906**

P. O. Address **3013 Meramec**

**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.**