

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **35258**

Registrar's No. **101**

NOV 15 1940
Registration District No. **297**

Primary Registration District No. **3016**

1. PLACE OF DEATH:

(a) County **Franklin.**
(b) City or town **Washington.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **St. Francis Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **4 days.**
(Specify whether years, months or days)
In this community **36 yrs.**

3. (a) PRINT FULL NAME **Emil Louis Warnebold.**

3. (b) If veteran, name war **X** 3. (c) Social Security No. **None.**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Single**
6. (b) Name of husband or wife **X** 6. (c) Age of husband or wife if alive **X** years
7. Birth date of deceased **Jan. 26th. 1904.**
(Month) (Day) (Year)

8. AGE: Years **36** Months **9** Days **5** If less than one day hr. min.

9. Birthplace **Labadie, Missouri.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farming.**

11. Industry or business **X**

MOTHER FATHER { 12. Name **John F. Warnebold.**
13. Birthplace **Marthasville, Missouri.**
(City, town, or county) (State or foreign country)
14. Maiden name **Louise M. Berlemann.**
15. Birthplace **Berger, Missouri.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Edison Warnebold**
(b) Address **Labadie, Missouri.**

17. (a) **Burial** (b) Date thereof **Nov. 2, 1940.**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Labadie, Mo.**

18. (a) Signature of funeral director **Richard W. H. Inc.**
(b) Address **Washington, Missouri.**

19. (a) **Oct. 31-1940** (b) **W. H. H. Inc.**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Franklin**
(c) City or town **Labadie, "Rural"**
(If outside city or town limits, write "RURAL")
(d) Street No. **2 miles North of Labadie.**
(If rural, give location)
(e) If foreign born, how long in U. S. A.? **X** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **31st.**
year **1940** hour **9:00** minute **45 A.M.**

21. I hereby certify that I attended the deceased from **1934**
to **Oct 31, 1940**
that I last saw him alive on **Oct 31, 1940**
and that death occurred on the date and hour stated above.

Immediate cause of death **Addison's Disease**
Due to **68**
Due to **68**
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations **PHYSICIAN**
Of autopsy **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?
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(Specify type of place) While at work? (e) Means of injury.
Signature **R. T. P. Inc.** (M. D. or other)
Address **Washington, Mo.** Date signed **10/31/40**

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 me
_____, Registered Apprentice No. 2
working under my personal supervision.

Signed

Licensed Embalmer No. 2387

P. O. Address Washington, Mo.

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.