. S. No. 2
M—9-4-41
ev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 13 1942

Registration District No. 791

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 9352

Registrar's No. 2706

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: 4461 Olive St.
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 19. 000 17 9

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

(d) Street No. 4461 Olive St.,
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Edward Sanford Warner

3. (b) If veteran, name war None

3. (c) Social Security No. 493-03-6898

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Rose A. Warner

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

7. Birth date of deceased June (Month) 15 (Day) 1875 (Year)

8. AGE: Years 66 | Months 9 | Days 8 | If less than one day ___ hr. ___ min.

9. Birthplace St. Louis (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Machinist Wagner Elec. Co.

11. Industry or business Electric Motors

FATHER
12. Name Edward S. Warner
13. Birthplace (City, town, or county) Mass. 1 (State or foreign country)

MOTHER
14. Maiden name Anne Cummins
15. Birthplace (City, town, or county) Penn. 1 (State or foreign country)

16. (a) Informant Mrs Rose A. Warner
(b) Address 4461 Olive St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/26/42 (Month) (Day) (Year)
(c) Place: burial or cremation Bellefontaine Cem.

18. (a) Signature of funeral director Wagoner Und. Co.
(b) Address 3621 Olive, St. Louis, Mo.

19. (a) MAR 26 1942 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 23 year 1942 hour 2 minute 10 P. M.

21. I hereby certify that I attended the deceased from 11/4, 1941, to 3/23, 1942 that I last saw him alive on 3/21, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Pancreas

Due to

Due to 469

Other conditions
(Include pregnancy within 3 months of death)

Major findings: Of operations Ca of Pancreas

Of autopsy

Duration

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 Harry Wiese (M. D. ~~or other~~)

Address 2301 So. Kingshighway Date signed 3/25/42

(Licensed Embalmer's Statement on Reverse Side)

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 Neville B. Grohwitter

Licensed Embalmer No. 3696

P. O. Address St. Louis, 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, fact should be so stated above.