

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

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Homer Phillips Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 19 days  
In this community 8 years (Specify whether years, months or days)

8. (a) PRINT FULL NAME Burton Warren

8. (b) If veteran, name war ? 8. (c) Social Security No. 493-10-7692

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced Widower

6. (b) Name of husband or wife Mary Warren 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased December 29, 1878  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
64 0 29 --- hr. --- min.

9. Birthplace Unavailable Mississippi  
(City, town, or county) (State or foreign country)

10. Usual occupation Pensioned (unemployed)

11. Industry or business Public Service Company

12. Name Unavailable

18. Birthplace Unavailable 9  
(City, town, or county) (State or foreign country)

14. Maiden name Unavailable  
15. Birthplace Unavailable 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Anna Mason

(b) Address 3207 Market Street

17. (a) Burial (b) Date thereof 2/2/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Father Dickson Cem.

18. (a) Signature of funeral director Charles J. Gates  
(b) Address 4107 Finney Avenue

19. (a) FEB 2 1943 (b) J. F. Brudeck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
(c) City or town St. Louis, 17  
(If outside city or town limits, write "RURAL") 9 18  
(d) Street No. 3207 Market  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 28,  
year 1943 hour 6 minute 45 P. M.

21. I hereby certify that I attended the deceased from January  
9, 1943, to January 28, 1943

that I last saw him alive on January 28, 1943,  
and that death occurred on the date and hour stated above.

Immediate cause of death:  
Pulmonary Edema (Autopsy)  
Lobar Pneumonia (Autopsy)  
Prostatic Hypertrophy

Duration  
Terminal  
12 hrs.  
Unk.

Due to \_\_\_\_\_  
Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

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

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_  
23. Signature S. E. Smith (M. D. or other)  
Address 2601 Whittier Date signed 2/1/43

**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.....

William C. McDowell....., Registered Apprentice No.....  
working under my personal supervision.

Signed William C. McDowell

Licensed Embalmer No. 2114

P. O. Address 4107 Finney Avenue

**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.**