

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

FILED OCT 13 1943

Registration District No. 318

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County.....
 (b) City or town..... Saint Louis, Missouri.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
4318 Ellenwood Ave.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution..... 1
 (Specify whether
 In this community.....
 years, months or days)

3. (a) PRINT FULL NAME..... Mary Warburton
 3. (b) If veteran..... name war.....
 3. (c) Social Security name..... 48-12-547

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced, widowed.....
 6. (b) Name of husband or wife..... Harry Warburton
 6. (c) Age of husband or wife if alive..... years
 7. Birth date of deceased..... January 8th, 1864.
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
79 8 23
 hr. min.

9. Birthplace..... Saint Louis, Missouri
 (City, town, or county) (State or foreign country)
 10. Usual occupation..... House-Wife

11. Industry or business.....
 MOTHER FATHER { 12. Name..... Unknown
 13. Birthplace..... Unknown
 (City, town, or county) (State or foreign country)
 14. Maiden name..... Unknown
 15. Birthplace..... Unknown
 (City, town, or county) (State or foreign country)

16. (a) Informant..... Mary Warburton
 (b) Address..... 4318 Ellenwood Ave.

17. (a) Burial (b) Date thereof..... Oct. 1, 1943.
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... Calvary Cemetery.

18. (a) Signature of funeral director..... Ziegenhain Bros.
 (b) Address..... 8409 Gravois Ave.

19. (a) OCT 10 1943 (b) J. F. Brudeck
 (Date received local registrar's report) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County..... Madison
 (c) City or town..... Saint Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No..... 4318 Ellenwood Ave.
 (If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 1st.
 year 1943. hour 9 minute 15 A. M.

21. I hereby certify that I attended the deceased from Sept. 1
Sept. 1 1943, to Oct. 1 1943
 that I last saw him alive on Oct. 1 1943
 and that death occurred on the date and hour stated above.

Immediate cause of death..... Seriously chr. myocarditis
 Due to.....
 Due to.....

Other conditions..... 93
 (Include pregnancy within 3 months of death)

Major findings: Of operations..... None
 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..... None
 (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..... J. H. May (M: D. or other) MD
 Address..... 3606 Gravois Date signed..... 10-1-43

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed W. E. Morris

Licensed Embalmer No. 3360

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, fact should be so stated above.