

FILED MAR 27 1944 318

Primary Registration-District No. **1003**

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

1. PLACE OF DEATH:

(a) County St. Louis

(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. Mary's Infirmary
(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

3. (a) PRINT FULL NAME Ernest Lee Warlick

3. (b) If veteran, name war No

3. (c) Social Security No. 351-16-8937

4. Sex Male **5. Color or race** Col.

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

6. (b) Name of husband or wife Susie Warlick

6. (c) Age of husband or wife if 27 years
alive

7. Birth date of deceased. Sept. 15 1911
(Month) (Day) (Year)

8. AGE: Years 32 Months 6 Days 0

If less than one day
hr. _____ min.

9. Birthplace Fulton Ky.
(City, town, or county) (State or foreign country)

10. Usual occupation Trucker

11. Industry or business Railroads

12. Name Eugene Warlick

13. Birthplace Fulton Ky.
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant Susie Warlick

(b) Address 1639 Divivison, E. St. Louis, Ill

17. (a) Removal **(b) Date thereof** 3-17-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Louis Ill

18. (a) Signature of funeral director R.M.C. Green

(b) Address 3517 Laclede

19. (a) MAR 17 1944 **(b)** J.F. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Ill. (b) County St. Clair

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

(d) Street No. 1639 Division Ave.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 15 day March
year 1944 hour 6:30 minute 21 M.

21. I hereby certify that I attended the deceased from March 1, 1944
March 15, 1944 to March 15, 1944

that I last saw her alive on March 15, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death acute Peritonitis

Due to Suppurative Appendicitis

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Suppurative Appendicitis

Of operations _____

Of autopsy _____

Duration 4 days

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) 0

(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 0

23. Signature Copy Dep (M. D. or other)

Address _____ Date signed 3/17/44

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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..... *J. M. Green*

Licensed Embalmer No. *1173*

P. O. Address *3577 Sackel Dr*

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.