

FILED JAN 15 1945

State File No. _____

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 11278

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

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: City Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 week
(Specify whether years, months or days)

In this community 50 years

3. (a) PRINT FULL NAME Ella Mae Warnock

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Robert Warnock 6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased March 13 1888
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>56</u>	<u>9</u>	<u>17</u>	hr. _____ min.

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

10. Usual occupation Stitcher

11. Industry or business International Shoe Company

12. Name Lang

13. Birthplace Missouri
(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 Robert Warnock

(b) Address 1228 Dolman St., St. Louis, Mo

17. (a) Burial (b) Date thereof 1-2-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Charles, Mo

18. (a) Signature of funeral director J. F. Bredack

(b) Address 2301 Lafayette, St. St. Louis, Mo

19. (a) JAN 2 1945 J. F. Bredack
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

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

(d) Street No. 1228 Dolman
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 30
 year 1944 hour 4 minute _____ M.

21. I hereby certify that I attended the deceased from 12/23/44
 to 12/30/44 19____ to _____ 19____
 that I last saw her alive on 12/30/44 19____
 and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to _____

Due to _____

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

Major findings: _____

Of operations _____

Of autopsy Coronary occlusion

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? _____

While at work? _____
(Specify type of place) (e) Means of injury _____

23. Signature James E. Vest (M. D. or other) _____

Address City Hosp. Date signed 1-4-45

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

L. R. Cooper

Licensed Embalmer No. *3633*

P. O. Address *2317 Lafayette*

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.