

S. No. 2
M-8-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11295

FILED APR 23 1945
Registration District No. 518

Primary Registration District No. 1003

Registrar's No. 2048

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. Lukes Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution. 22 hours
(Specify whether
 In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Illinois (b) County St. Clair
 (c) City or town East St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 1308a St. Louis Ave.
(If rural, give location)
 (e) Citizen of foreign country? No
(Yes or No)
 If yes, name country: _____

3. (a) PRINT FULL NAME Henry Otto Warstat
 3. (b) If veteran, name war No
 3. (c) Social Security No. 565-10-0661

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month April day 2nd
 year 1945 hour 8:00am minute 55 M.

4. Sex male 5. Color or race white
 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Leta Warstat
 6. (c) Age of husband or wife if alive 38 years
 7. Birth date of deceased: February 11th 1895
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that I last saw h. _____ alive on _____, 19____;
 and that death occurred on the date and hour stated above.
 Immediate cause of death _____
 Duration _____

8. AGE: Years Months Days If less than one day
50 1 21 _____ hr. _____ min.

Due to Coronary Occlusion
Coronary Sclerosis
 Due to _____
 Other conditions _____
(Include pregnancy within 3 months of death)

9. Birthplace Plattsmouth Nebraska
(City, town, or county) (State or foreign country)
 10. Usual occupation Structrual Iron Worker
 11. Industry or business Structrual Iron

Major findings:
 Of operations _____
 Of autopsy _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

MOTHER FATHER {
 12. Name Samuel Warstat
 13. Birthplace Copenhagen Denmark
(City, town, or county) (State or foreign country)
 14. Maiden name Unknown
 15. Birthplace Tuhsig Prussia
(City, town, or county) (State or foreign country)

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 _____

16. (a) Informant Leta Warstat
 (b) Address East St. Louis, Illinois
 17. (a) Removal (b) Date thereof 4/4/45
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation E. St. Louis, Ill.
 18. (a) Signature of funeral director [Signature]
 (b) Address East St. Louis, Illinois
 19. (a) APR 5 1945 (b) J. F. Bredock
(Date received local registrar) (Registrar's signature)

23. Signature Patricia E Taylor (M. D. or other) _____
 Address _____ Date signed 4/17/45

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

MAY 8 1945

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.....

Not Embalmed....., Registered Apprentice No.....
working under my personal supervision.

Signed.....
Licensed Embalmer No..... *Ill. 7541*
P. O. Address..... *East St. Louis, Ill.*

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.