

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
U.S. GOVERNMENT PRINTING OFFICE: 1945
STANDARD CERTIFICATE OF DEATH

State File No. **34129**
Registrar's No. **7**

Registration District No. **383** Primary Registration District No. **3-0375655**

1. PLACE OF DEATH:
(a) County **Lawrence**
(b) City or town **Mt. Vernon Twp**
(c) Name of hospital or institution:
Missouri State Sanatorium
(d) Length of stay: In hospital or institution **42 days**
In this community **42 days**

3. (a) PRINT FULL NAME **Edna Warden**
3. (b) If veteran, name war **no**
3. (c) Social Security No. **Unknown**

4. Sex **Female** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Single**
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **Dec. 22 1925**

8. AGE: Years **19** Months **8** Days **6**
If less than one day _____ hr. _____ min.

9. Birthplace **St. Louis Missouri**

10. Usual occupation **Factory**

11. Industry or business **Glue works**

MOTHER FATHER

12. Name **Thomas Newman Warden**

13. Birthplace **Cadet Missouri**

14. Maiden name **Rebecca Greenlee**

15. Birthplace **Anthony's Mill Missouri**

16. (a) Informant **E. McMichael, Record Clerk**

(b) Address **Mo. State San, Mt. Vernon, Mo.**

17. (a) **Removal** (b) Date thereof **Aug 29 1945**

(c) Place: burial or cremation **St. Louis no**

18. (a) Signature of funeral director **May S. Possett**

(b) Address **Mt. Vernon Mo.**

19. (a) **9-8-45** (b) **Ch. Phillips**

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **St. Louis County**
(c) City or town **Berkley City, 9304 Velma Ave.**
(d) Street No. _____
(e) Citizen of foreign country? **no**

20. DATE OF DEATH: Month **Aug.** day **28th**
year **1945** hour **7:30** minute **P.** M.
21. I hereby certify that I attended the deceased from **July 18 1945** to **Aug. 28 1945**
that I last saw her alive on **Aug. 28 1945**
and that death occurred on the date and hour stated above.

Immediate cause of death **Pulmonary Tuberculosis** Duration **About 5 months**
Due to _____
Due to _____
Other conditions _____

Major findings: **autopsy for old ulcers of operations includes the st. Pericardial effusion, the enteritis, the peritonitis, fatty degeneration of liver**

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

23. Signature **Charles A. Brasher, M.D.**
Address **Mt. Vernon Mo.** Date signed **8/28/45**

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

1464

RECEIVED

District Health Officer No. 6,

District File Number 1045-1017

Date Filed OCT 10 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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed Max L. Fossett
Licensed Embalmer No. 4252
P. O. Address M. Vernon, Mo.

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.