

THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

Registration District No. **13** **1948**

Primary Registration District No. **1003**

Registrar's No. **2020**

**1. PLACE OF DEATH:**

(a) County Saint Louis

(b) City or town Saint Louis  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
5677 Waterman Ave /  
(If not in hospital or institution, write street number or location)

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

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County 000

(c) City or town St. Louis 517  
(If outside city or town limits, write "RURAL")

(d) Street No. 5677 Waterman Ave  
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No) 10

If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** Alla Whittier Warren

**3. (b) If veteran,** name war None

**3. (c) Social Security No.** no

**4. Sex** Female

**5. Color or race** White

**6. (a) Single, widowed, married, divorced** Widowed

**6. (b) Name of husband or wife** Stephen L. Warren

**6. (c) Age of husband or wife if alive** \_\_\_\_\_ years

**7. Birth date of deceased** December 24 - 1979  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
<u>66</u>	<u>2</u>	<u>3</u>	hr. _____ min.

**9. Birthplace** New York City New York  
(City, town, or county) (State or foreign country)

**10. Usual occupation** At Home

MOTHER FATHER

**11. Industry or business**

**12. Name** Olin D. Whittier

**13. Birthplace** Canada  
(City, town, or county) (State or foreign country)

**14. Maiden name** Laura V. Mercier

**15. Birthplace** New Orleans La.  
(City, town, or county) (State or foreign country)

**16. (a) Informant** W.W. Warren

**(b) Address** 5244 Mardel

**17. (a) Burial** 3-1-46 **(b) Date thereof** 3-1-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

**(c) Place: burial or cremation** Bellefontaine Cemetery

**18. (a) Signature of funeral director** C.R. Lupton & Sons

**(b) Address** 7233 Delmar Blvd

**19. (a) FEB 28 1948** J. F. Baldeck  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month Feb day 27  
year 1946 hour 7:06 minute P. M.

**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** Coronary thrombosis

**Due to** \_\_\_\_\_

**Due to** CHF

**Other conditions** \_\_\_\_\_  
(Include pregnancy within 3 months of death)

**Major findings:**

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

**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** Patrick E. Taylor (M. D. or other) 3

**Address** Deputy Coroner **Date signed** 2-28-46

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

*Kathy Coroner*

not

**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

*Don Paul Marler*

Registered Apprentice No. *381*

working under my personal supervision.

Signed

*Bradford A. Miles*

Licensed Embalmer No. *2901*

P. O. Address *University City - 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.**