

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

19024

State File No.

Registrar's No.

4959

FILED JUN 13 1946  
318

Primary Registration District No. 1003

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:  
DePaul Hosp.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 15 days (Specify whether  
In this community years, months or days)

3. (a) PRINT

FULL NAME August D. Warmann Sr.

3. (b) If veteran,

name war. none

3. (c) Social Security

No 497-16-1548

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Emma Warmann 6. (c) Age of husband or wife if alive 65 years  
7. Birth date of deceased May 27 1870  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
76 0 4 hr. min.

9. Birthplace St. Louis Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Watchman

11. Industry or business

12. Name Diedrich Warmann  
13. Birthplace Germany  
(City, town, or county) (State or foreign country)  
14. Maiden name Theresa  
15. Birthplace Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant Emma Warmann  
(b) Address 890 Wall St.

17. (a) Burial (b) Date thereof June 4 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Bethelhem Cem.

18. (a) Signature of funeral director Diedrich R. Home

(b) Address 8319 Halls Ferry Rd.

19. (a) JUN 2 1946 (b) J. F. Brueck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 890 Wall St.  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 31  
year 1946 hour 7 48 minute P. M.

21. I hereby certify that I attended the deceased from ap 24 1946 to May 31 1946  
that I last saw him alive on ap 24 1946  
and that death occurred on the date and hour stated above.  
Immediate cause of death.....  
Carcinoma of Stomach  
Duration 6 mo

Due to.....  
Due to.....

Other conditions.....  
(Include pregnancy within 3 months of death)  
Major findings:  
Of operations.....  
Of autopsy.....

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 [Signature] (M. D. or other)  
Address 6704 W. F. [Signature] Date signed June 2-46

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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 Elmer R. Padwell

Licensed Embalmer No. 4077

P. O. Address.....

**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.**