S. No. 2
0M—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 27 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 29183

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7235

1. PLACE OF DEATH: ~~no 20 S. Theresa~~
(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: # 20-S. Theresa 1
(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)
In this community 25 yrs

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. 20 S. Theresa St
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mrs Willie Warren
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F. 3
5. Color or race Col
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 8 (Month) 9 (Day) 1911 (Year)
8. AGE: Years 35 Months 0 Days 5 If less than one day hr. min.
9. Birthplace Shelby (City, town, or county) Miss (State or foreign country)
10. Usual occupation Factory Work
11. Industry or business
MOTHER FATHER
12. Name William Warren
13. Birthplace (City, town, or county) Miss (State or foreign country)
14. Maiden name Gertrude Puckett
15. Birthplace (City, town, or county) Miss (State or foreign country)
16. (a) Informant Esther Gillespie
(b) Address no 20 S. Theresa St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-20-46 (Month) (Day) (Year)
(c) Place: burial or cremation Green Wood Cemetery
18. (a) Signature of funeral director Bob Lowe
(b) Address 2930 Dickson St.
19. (a) AUG 20 1946 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 14 year 1946 hour 7 minute 30 P.M.
21. I hereby certify that I attended the deceased from Aug 14, 1946, to Aug 14, 1946, that I last saw he alive on Aug 14, 19..; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary Occlusion	
Due to = Embolism	
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature (M. D. or other)
Address 2316 Pine St. Date signed 8/17/46

(Licensed Embalmer's Statement on Reverse Side)

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 Clark Young

Licensed Embalmer No. 2371

P. O. Address St. Louis

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.