V. S. No. 2
50M—1/47
Rev. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 15 1947

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 26181
Registrar's No. 26181

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: HOME 1054 HORNSBY ST
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: NONE (Specify whether
In this community: 22 YR.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: MISSOURI (b) County: 120
(c) City or town: St Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No.: 1054 HORNSBY ST 4
(If rural, give location) 8
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: ELIZABETH WARMANN
3. (b) If veteran, name war: — — — —
3. (c) Social Security No.: — — — —

4. Sex: FEMALE
5. Color or race: WHITE
6. (a) Single, widowed, married, divorced: WIDOWED
6. (b) Name of husband or wife: FRANK WARMANN
6. (c) Age of husband or wife if alive: — — — years
7. Birth date of deceased: Oct. (Month) 17 (Day) 1866 (Year)

8. AGE: Years 80 Months 9 Days 16 If less than one day ... hr. ... min.

9. Birthplace: GERMANY (City, town, or county) (State or foreign country) 7
10. Usual occupation: ~~GERMANY~~
11. Industry or business: HOUSE WIFE

MOTHER. FATHER
12. Name: UN KNOWN
13. Birthplace: GERMANY (City, town, or county) (State or foreign country) 4
14. Maiden name: UN KNOWN
15. Birthplace: GERMANY (City, town, or county) (State or foreign country) 4

16. (a) Informant: Charlie Warmann
(b) Address: Jennings Rd. Berkeley
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: Aug 6 1947 (Month) (Day) (Year)
(c) Place: burial or cremation: NEW BETHLEHEM CEM.
18. (a) Signature of funeral director: Friedrich F. Home
(b) Address: 8319 Halls Ferry Rd.
19. (a) AUG 6 1947 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Aug. day: 3 year: 1947 hour: 9 30 minute: A. M.

21. I hereby certify that I attended the deceased from July, 1947, to Aug 3, 1947 that I last saw her alive on Aug 2, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Hypostatic Pneumonia	2 da
Due to: Chr Myocarditis	years
and chr Hepatitis	years
Other conditions: — (Include pregnancy within 3 months of death)	

Major findings:
Of operations: —
Of autopsy: —

PHYSICIAN
Underline the cause of 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) 0
While at work? (e) Means of injury: —

23. Signature: [signature] M. D. or other)
Address: 6204 W. Florissant Date signed: Aug 5/47

Jefferson City Printing Co.

(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 Henry M. Brammer

Licensed Embalmer No. 4200

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.