

No. 300
M-10-47
5-17-39
I 3906

#84889

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAY 11 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

14758
State File No. _____
Registrar's No. 4135

Registration District No. 318

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County St. Louis, Mo.
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital-Max C. Starkloff Memorial
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Mad
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
Memorial 3312 N. 9th 9
(If rural, give location)
(e) Citizen of foreign country? 26 (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME DANIEL WARREN

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race O 6. (a) Single, widowed, married, divorced 5 0

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Oct 22 1947
(Month) (Day) (Year)

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

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER {
12. Name Philip M. Warren
13. Birthplace Cross town, Mo
(City, town, or county) (State or foreign country)
14. Maiden name Annie Lawler
15. Birthplace B Lake Charles La
(City, town, or county) (State or foreign country)

16. (a) Informant Annie Warren
(b) Address 3312 N. 9th

17. (a) Burial (b) Date thereof 5 4 1948
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Friedens Cem

18. (a) Signature of funeral director Edur Koch + Son
(b) Address 3116 N. 14th - St Louis Mo

19. (a) MAY 2 1948 (b) J. F. Brudeck
(Date of local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 30th
year 1948 hour 1 minute 25 A. M.

21. I hereby certify that I attended the deceased from 4/17/48
_____, 19____, to April 30th, 1948
that I last saw him alive on April 30th, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Polycythemia with multiple peripheral vascular thrombosis & intracranial hemorrhage + gangrene of legs
Duration _____

Due to congenital heart disease with non-functioning rt. Ventricle

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 play) _____
(c) Means of injury _____

23. Signature John H. Peis (M. D. 5/1/48)
Address 1515 Lafayette Date signed _____

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..... *Van Sigemore*

Licensed Embalmer No..... *4343*

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.