

FILED MAY 18 1949

STANDARD CERTIFICATE OF DEATH

State File No. 4732
Registrar's No. 1790

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St Louis MO 2</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St Louis MO</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Wanted to Home Phillips</i>		d. STREET ADDRESS (If rural, give location) <i>2315 Eugenia St</i>	

3. NAME OF DECEASED (Type or Print) <i>Pinkie</i>	a. (First)	b. (Middle)	c. (Last) <i>Warren</i>	4. DATE OF DEATH Month (Day) (Year) <i>5-1-1949</i>
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5. SEX <i>Female</i>	6. COLOR OR RACE <i>Cold</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <i>Oct 7-1891</i>	9. AGE (In years last birthday) <i>57</i>	IF UNDER 1 YEAR Months	IF UNDER 1 HR. Hours	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housekeeper</i>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>Mobile Ala</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
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13a. FATHER'S NAME <i>Not known</i>	13b. MOTHER'S MAIDEN NAME <i>Amelia Darden</i>	14. NAME OF HUSBAND OR WIFE <i>William Warren</i>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>	16. SOCIAL SECURITY NO. <i>no</i>	17. INFORMANT'S SIGNATURE OR NAME <i>William Warren</i>	ADDRESS <i>2315 Eugenia</i>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Ruptured Heart (right ventricle) Contus;</i> DUE TO (c) <i>Myocardial Infarct;</i>		INTERVAL BETWEEN ONSET AND DEATH
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <i>Arteriosclerosis</i>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) <i>930</i>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <i>4201</i>
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at *7:30 P.m.*, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>Patrick E. Taylor Coroner</i>	23b. ADDRESS <i>1300 Clark</i>	23c. DATE SIGNED <i>5-5-49</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Shipped</i>	24b. DATE <i>5-9-49</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Mobile Ala.</i>	24d. LOCATION (City, town, or county) (State) <i>Mobile Ala.</i>
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DATE RECEIVED BY LOCAL <i>MAY 5 1949</i>	REGISTRAR'S SIGNATURE <i>J. L. Pasater</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>H. L. Beal</i>	ADDRESS <i>2726 Lucas Ave.</i>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

Theodore J. Yundese

Licensed Embalmer No.

4243

P. O. Address

14 Weymouth St

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.