

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

FILED AUG 14 1950

25601
~~1821~~

State File No.

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 1821

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>HEMAV</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> <u>2119</u>	
c. LENGTH OF STAY (in this place) _____		d. STREET ADDRESS (If rural, give location) <u>4230 W. Aldine</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>NEAR CHRISTOPHER ROAD</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Jennia</u> b. (Middle) _____ c. (Last) <u>Warren</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>7-25-50</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	
8. DATE OF BIRTH <u>Unavailable 1883</u>		9. AGE (In years last birthday) <u>Abt. 67</u>		10. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Murphysboro, Tennessee</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					

13a. FATHER'S NAME <u>Edward Grisham</u>		13b. MOTHER'S MAIDEN NAME <u>Susan Smith</u>		14. NAME OF HUSBAND OR WIFE <u>John Warren</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Susie Jones</u>	
				ADDRESS <u>4230 W. Aldine</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>unknown/causes - body found in a ditch along Missouri Pacific Railroad right-of-way, Lemay, Mo.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>			INTERVAL BETWEEN ONSET AND DEATH <u>7953</u>
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19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>7953 400</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE <u>Natural causes</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>culvert</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Lemay St. Louis Mo.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>7 25 50</u> m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>see above</u>	

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 _____ m., from the causes and on the date stated above.

22. SIGNATURE <u>Arnold J. Willmann</u> (Degree or title) <u>Coroner</u>		23b. ADDRESS <u>Clayton, Mo.</u>		23c. DATE SIGNED <u>7/29/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>7/30/50</u>		24c. NAME OF CEMETERY OR CREMATORY _____	
				24d. LOCATION (City, town, or county) (State) <u>Nashville, Tenn.</u>	

DATE REC'D BY LOCAL REG. <u>7-29-50</u>		REGISTRAR'S SIGNATURE <u>Herbert L. Clonke, M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>GATES FUNERAL HOME</u>	
				ADDRESS <u>Charles J. Gates 4107 Finney Avenue</u>	

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

10,000 50

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 _____

working under my personal supervision.

Student Embalmer No.

Signed

John K. Cunningham

Signed.....

Student Embalmer

Licensed Embalmer No. *4476*

P. O. Address *4107 Sunway Ave*

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.