

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis, Mo.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Louis City Hospital #1.</b>		e. STREET ADDRESS (If rural, give location) <b>112 S. 4th Street</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>JOHN</b> b. (Middle) <b>WARNER</b> c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <b>Nov. 6th, 1950</b>
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widower</b>	8. DATE OF BIRTH <b>2/11/1873</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>O.A.A.</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Unknown, Iowa</b>	11. BIRTHPLACE (State or foreign country) <b>Iowa</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>Charles Warner</b>	
13b. MOTHER'S MAIDEN NAME <b>Philomena unknown</b>		14. NAME OF HUSBAND OR WIFE <b>unknown</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME <b>M. Renard, St. Louis City Hospital.</b> ADDRESS			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Arteriosclerotic Heart Disease</b>		INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused 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	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
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) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>4200</b>	
22. I hereby certify that I attended the deceased from <b>10/17/50</b> , 19 <b>50</b> , to <b>11/6/50</b> , 19 <b>50</b> , that I last saw the deceased alive on <b>11/6/50</b> , 19 <b>50</b> , and that death occurred at <b>2:45am</b> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>J. B. Parater, M.D.</b>		23b. ADDRESS <b>1515 Lafayette Ave.</b>	23c. DATE SIGNED <b>11/28/50</b>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <b>DEC 9 1950</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Anatomical Board</b>	24d. LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE <b>J. B. Parater</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Rowland Mortuary Service, Inc.</b> ADDRESS <b>4104 Manchester Ave. St. Louis 10, Mo.</b>	

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**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.....

Signed.....

Student Embalmer

Licensed Embalmer No.....

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.**