

FILED APR 12 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11169

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>6076</u>		Registrar's No. <u>897</u>			
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 <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lemay 23</u>			c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lemay 23</u>			<u>4960</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>204 W. Felton</u>				d. STREET ADDRESS (If rural, give location) <u>204 W. Felton</u>				<u>0</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Gary</u>			b. (Middle) <u>W.</u>		c. (Last) <u>Warner</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 3, 1951</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>		8. DATE OF BIRTH <u>December 7, 1949</u>		9. AGE (In years last birthday) <u>1</u>	IF UNDER 1 YEAR Months <u>3</u> Days <u>27</u>	IF UNDER 6 wks. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Nil</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>St. Louis, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>George Warner</u>			13b. MOTHER'S MAIDEN NAME <u>Fern Obermann</u>			14. NAME OF HUSBAND OR WIFE			
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>Mr. Geo. Warner</u>				ADDRESS <u>204 W. Felton Lemay 23</u>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.	<p align="center">MEDICAL CERTIFICATION</p> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Virus Infection upper respiratory tract</u> ANTECEDENT CAUSES <u>Or Pneumonia (Virus)</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							INTERNAL BETWEEN 12:00 AND 1:00 PM	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>492X</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <u>3/30</u> , 19 <u>51</u> to <u>4/3</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>4/3</u> , 19 <u>51</u> , and that death occurred at <u>11:20 PM</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>W. Barker M.D.</u>				23b. ADDRESS <u>1504 S. Jefferson</u>			23c. DATE SIGNED <u>4/6/51</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>April 7, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Trinity Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Lemay 23, Missouri</u>					
DATE REC'D BY LOCAL REG. <u>4/6/51</u>	REGISTRAR'S SIGNATURE <u>Herbert P. Lombard M.D.</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>G. Hoffmeister</u>		ADDRESS <u>U&L Co. 7814 S. Bdwy City II</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

Doctor J. W. Barker
1504 South Jefferson
I 111 4PM
LA 8010

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.....
Student Embalmer

Signed *Harry J. Schumacher*

Licensed Embalmer No. *2679*

P. O. Address *7814 S. Broadway*

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.