

FILED DEC 1 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39878**
Registrar's No. **10107**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 10107			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION. a. STATE Missouri				b. COUNTY _____	
b. CITY OR TOWN Saint Louis		c. LENGTH OF STAY (in this place) 10 Weeks		c. CITY OR TOWN Saint Louis		2099			
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Lukes Hospital				STREET ADDRESS (If rural, give location) 4537a Athlone Avenue, 15.					
3. NAME OF DECEASED (Type or Print) a. (First) Harry		b. (Middle) L.		c. (Last) Warrington		4. DATE OF DEATH (Month) (Day) (Year) Nov. 11th, 1951			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 28th, 1876	9. AGE (In years last birthday) 75	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 11 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SetUp Man		10b. KIND OF BUSINESS OR INDUSTRY Union Western Newspaper		11. BIRTHPLACE (State or foreign country) Vicksburg, Mississippi		12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME James Warrington		13b. MOTHER'S MAIDEN NAME Lina Grammer		14. NAME OF HUSBAND OR WIFE Mamie L. Warrington nee Grashoff					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mamie L. Warrington, 4537a Athlone Avenue,					
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage				INTERVAL BETWEEN ONSET AND DEATH 2 mo's			
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) Generalized arteriosclerosis Indef.							
		DUE TO (c) Arteriosclerotic heart disease				over 3 years			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? 331X 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? 11-11-51					
22. I hereby certify that I attended the deceased from Dec. 24, 1949 , to Nov. 11, 1951 , that I last saw the deceased alive on Nov. 11, 1951 , and that death occurred at 7:10 P. m. , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Harold H. Feutz, M.D.				23b. ADDRESS 4110 W. Florissant Ave.		23c. DATE SIGNED 11-12-51			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 11/15/51		24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri			
DATE REC'D BY LOCAL REG. NOV 13 1951		REGISTRAR'S SIGNATURE Paul Smith		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Calvin F. Feutz, 4828 Natural Bridge Blvd.					

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

4110 W. J. Leonard
1:30 Pm to 3:30 Pm

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 Ralph C. Linders

Licensed Embalmer No. 4275

P. O. Address St. Louis, Mo

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.