

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

43902

FILED JAN 10 1953

State File No. 11419  
Registrar's No. 11419

BIRTH NO.		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. <u>1003</u>		REGISTRAR'S NO. <u>11419</u>	
1. PLACE OF DEATH a. COUNTY				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>ST. LOUIS, Mo</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS</u>		2249	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>LUTHERAN HOSPITAL 24</u>				d. STREET ADDRESS (If rural, give location) <u>2112 WITHNELL</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>JOSEPH</u> b. (Middle) <u>W</u> c. (Last) <u>WARNING</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>DEC. 11 1952</u>				
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>FEB. 23 1874</u>	9. AGE (In years last birthday) <u>80</u>		IF UNDER 1 YEAR Months Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>UPHOLSTERER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>OLIVER CAB. CO.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U</u>	
13a. FATHER'S NAME <u>JOSEPH WARNING</u>		13b. MOTHER'S MAIDEN NAME <u>ANNA</u>		14. NAME OF HUSBAND OR WIFE <u>ANNA WARNING (DEC'D)</u>			
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. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>WILLIAM G. WARNING 2112 WITHNELL</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, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of oral cavity (hard and soft palates and tongue)</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>General arteriosclerosis</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 yr.</u> <u>5 yrs.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>None - biopsy to confirm diagnosis</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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR <u>144X</u>			
22. I hereby certify that I attended the deceased from <u>Nov. 23, 1951</u> , to <u>Dec. 11, 1952</u> , that I last saw the deceased alive on <u>Dec. 10, 1952</u> , and that death occurred at <u>7:05A. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>B. W. Klippel, M.D.</u>				23b. ADDRESS <u>3701 Grandel Sq., St. Louis, Mo</u>		23c. DATE SIGNED <u>12/11/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>CREMATION</u>		24b. DATE <u>DEC. 13 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MISSOURI CREMATORY</u>		24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS, Mo</u>	
DATE RECD' BY LOCAL REG. <u>DEC 11 1952</u>		REGISTRAR'S SIGNATURE <u>J. Carl Smith MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Thomas Rutis 2906 Georgia</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

3901 Brandel Sq.  
Je 4430  
2-4<sup>30</sup> 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

*Leo J. Biddle*

Licensed Embalmer No. 3989

P. O. Address *A. Lane 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.