

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

FILED FEB 3 1953

State File No. **3899**  
Registrar's No. **0645**

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>0645</b>	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MO</b> b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis, Mo.</b>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		2219	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>3059 Sheridan</b>				d. STREET ADDRESS (If rural, give location) <b>3059 Sheridan</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Flava</b>		b. (Middle) <b>Clydell</b>		c. (Last) <b>Warters</b>		4. DATE OF DEATH <b>Jan 17 1953</b>	
5. SEX <b>Female</b>		6. COLOR OR RACE <b>Col</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Jan. 23. 1911</b>	
9. AGE (In years last birthday) <b>41</b>		10. MONTHS <b>1</b>		11. DAYS <b>17</b>		12. HOURS <b>11</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>at home</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>Warrenburg MO</b>		12. CITIZEN OF WHAT COUNTRY	
13a. FATHER'S NAME <b>Robert Woods</b>		13b. MOTHER'S MAIDEN NAME <b>Bessie Berry</b>		14. NAME OF HUSBAND OR WIFE <b>James C Warters</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <b>James C Warters, 3059 Sheridan</b>			
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>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Embolism</b>				INTERVAL BETWEEN ONSET AND DEATH <b>1-17-53</b>	
		ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) <b>Cardiogenic Heart Failure</b>				<b>1-14-52</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>					
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR <b>4341</b>			
22. I hereby certify that I attended the deceased from <b>9-17, 1952</b> to <b>1-17, 1953</b> , that I last saw the deceased alive on <b>1-15, 1953</b> and that death occurred at <b>9 4 m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>J. C. Sheridan, M.D.</b>		23b. ADDRESS <b>2702 7th St. N. St. Louis</b>		23c. DATE SIGNED <b>1-20-53</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <b>Jan. 24-53</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Washington Park</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis County MO</b>	
DATE REC'D BY LOCAL REG. <b>JAN 20 1953</b>		REGISTRAR'S SIGNATURE <b>J. C. Smith</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>J. C. Smith</b>		ADDRESS <b>2769 Chouteau</b>	

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

**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 \_\_\_\_\_

*J. J. Watson*

Licensed Embalmer No. \_\_\_\_\_

*2698*

P. O. Address \_\_\_\_\_

*2769 1/2 Route*

**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.