

STANDARD CERTIFICATE OF DEATH

FILED MAY 9 1953
BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 577 Registrar's No. 1189

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Richmond Heights		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Richmond Heights 4505	
c. LENGTH OF STAY (In this place) 17 Mo.		d. STREET ADDRESS (If rural, give location) 1322 McCutcheon Road	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1322 McCutcheon Road			

3. NAME OF DECEASED (Type or Print)	a. (First) Gertrude	b. (Middle) Opal	c. (Last) Warren	4. DATE OF DEATH (Month) (Day) (Year) April 25, 1953
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) divorced 3	8. DATE OF BIRTH October 11, 1896	9. AGE (In years last birthday) 56	10. UNDER 1 YEAR Months	11. UNDER 1 MRS. Hours	12. UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) clerk	10b. KIND OF BUSINESS OR INDUSTRY Col. of Int. Revenue	11. BIRTHPLACE (City and State or Foreign Country) Laredo, Missouri	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME Joseph M. Warren	13b. MOTHER'S MAIDEN NAME Mary Kilburn	14. NAME OF HUSBAND OR WIFE Divorced
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. UNKNOWN	17. INFORMANT'S SIGNATURE OR NAME Marie Cooper	ADDRESS Laredo, Missouri
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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		INTERVAL BETWEEN ONSET AND DEATH 2 mo.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis		
ANTECEDENT CAUSES			
Morbidity conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last.			
DUE TO (c)			
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 none	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from Feb 1, 1953 to April 25, 1953, that I last saw the deceased alive on April 23, 1953, and that death occurred at 5 P. M., from the causes and on the date stated above.

23a. SIGNATURE Henry J. Dingo M.D. (Degree or title)	23b. ADDRESS 634 N. Grand	23c. DATE SIGNED 4/26/53
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24a. BURIAL, CREMATION, REMOVAL (Specify) removal	24b. DATE April 28, 1953	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) Laredo, Missouri
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DATE REC'D BY LOCAL REG. 4-28-53	REGISTRAR'S SIGNATURE Herbert R. Domb M.D.	25. FUNERAL DIRECTOR'S SIGNATURE R. Lupton & Sons	ADDRESS 7233 Delmar Blvd.
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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 Arnold W. Schoene

Licensed Embalmer No. 3864

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.