FILED SEP 28 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32239

BIRTH NO. _____ REG. DIST. NO. 167 PRIMARY REG. DIST. NO. 5594 Registrar's No. 79

1. PLACE OF DEATH
a. COUNTY: JEFFERSON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL - MERAMEC
c. LENGTH OF STAY (In this place): 2 MOS - 26 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST. JOSEPH'S HILL INFIRMARY - EUREKA MO.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MO.
b. COUNTY: ST. LOUIS
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): VETERANS HOSPITAL
d. STREET ADDRESS (If rural, give location): JEFFERSON BARRACKS 4000

3. NAME OF DECEASED (Type or Print)
a. (First): HARRY
b. (Middle): J.
c. (Last): VARWIG

4. DATE OF DEATH (Month) (Day) (Year): SEPT. 11, 1953

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): UNKNOWN
8. DATE OF BIRTH: SEPT. 29 1878
9. AGE (In years last birthday): 74 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.: 0

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED
10b. KIND OF BUSINESS OR INDUSTRY: RAILROAD WORKER
11. BIRTHPLACE (State or foreign country): ST. LOUIS, MO.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: FRIEDRICH W. VARWIG
13b. MOTHER'S MAIDEN NAME: SOPHIE SCHENNE
14. NAME OF HUSBAND OR WIFE: UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES — (If yes, give war or dates of service): SPANISH-AMER.
16. SOCIAL SECURITY NO.: ?
17. INFORMANT'S SIGNATURE OR NAME: Brother Lock - St. Joseph's Hill Inf.
ADDRESS: Eureka, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): APOPLEXY — INTERVAL BETWEEN ONSET AND DEATH: SEVERAL DAYS

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): CEREBRAL ARTERIOSCLEROSIS
DUE TO (c): CARDIO VASCULAR DISEASE

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
20. AUTOPSY? YES ☐ NO ☑

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6/15, 1953, *to* 9/11, 1953, *that I last saw the deceased alive on* 9/11, 1953, *and that death occurred at* 9:10 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. L. Marder M.D.
23b. ADDRESS: 4323 ROLAND DRIVE - NORMANDY, MO.
23c. DATE SIGNED: 9/12/53

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 9/15/53
24c. NAME OF CEMETERY OR CREMATORY: NATL. CEM. JEFF. BRKS. MO
24d. LOCATION (City, town, or county) (State): JEFFERSON, BARRACKS, MO

DATE REC'D BY LOCAL REG.: Sept 19 - 1953
REGISTRAR'S SIGNATURE: Ruth Gissa
25. FUNERAL DIRECTOR'S SIGNATURE: Guedmyer & Sons
ADDRESS: 1934 N. 20 St. ST. LOUIS

(Licensed Embalmer's Statement on Reverse Side)

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

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED SEP 23 1953

SEP 28 1953

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 Gustav W. Seiterle

Signed.....
Student Embalmer

Licensed Embalmer No. 4329

P. O. Address St. Louis, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.