

FILED OCT 25 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

35411

State File No. ....

BIRTH NO. .... REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 542 Registrar's No. 2328

|  |  |  |   |  |   |
|--|--|--|---|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY <u>St. Louis</u>  |  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u> |  |   |
| b. CITY (If outside corporate limits, write RURAL and give township)<br><u>Ferguson</u>                                      |  | c. LENGTH OF STAY (In days)<br><u>11</u>   | c. CITY (If outside corporate limits, write RURAL and give township)<br><u>Ferguson 10</u>  |  | d. STREET ADDRESS (If rural, give location)<br><u>225 N. Harvey</u> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><u>225 N. Harvey</u>  |  |  | d. STREET ADDRESS (If rural, give location)<br><u>225 N. Harvey</u>   |  |   |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <u>GEORGE</u>  |  |  | b. (Middle) <u>AUSTIN</u>   |  | c. (Last) <u>WARDEN</u>   |
| 4. DATE OF DEATH (Month) (Day) (Year)<br><u>Oct. 7, 1955</u>   |  |  |   |  |   |
| 5. SEX<br><u>Male</u>  | 6. COLOR OR RACE<br><u>White</u>                         | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><u>Married</u>         | 8. DATE OF BIRTH<br><u>Sept. 23, 1895</u>   | 9. AGE (In years last birthday)<br><u>60</u>       | IF UNDER 1 YEAR Months Days   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Cement Finisher</u>        | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Construction</u> | 11. BIRTHPLACE (City and State or Foreign Country)<br><u>Stonyhill, Missouri</u> |   | 12. CITIZEN OF WHAT COUNTRY?<br><u>USA</u>         |   |
| 13a. FATHER'S NAME<br><u>J.W. WARDEN</u>   |  | 13b. MOTHER'S MAIDEN NAME<br><u>CORA FRANCES DOWLER</u>                          |   | 14. NAME OF HUSBAND OR WIFE<br><u>Grace Warden</u> |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year of date of service)<br><u>yes WW #1</u> | 16. SOCIAL SECURITY #<br><u>491-18-9905</u>              | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><u>Grace Warden, 225 N. Harvey.</u> |   |  |   |

|   |  |  |   |  |  |                                   |
|---|--|--|---|--|--|-----------------------------------|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. |  |  | MEDICAL CERTIFICATION   |  |  | INTERVAL BETWEEN ONSET AND DEATH  |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>  |  |  | ANTECEDENT CAUSES   |  |  | DUE TO (b) <u>Atherosclerosis</u> |
| Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.   |  |  | DUE TO (c)  |  |  |                                   |
| II. OTHER SIGNIFICANT CONDITIONS:<br>Conditions contributing to the death but not related to the disease or condition causing death.  |  |  | <u>Aortic insufficiency</u>   |  |  |                                   |
| 19a. DATE OF OPERATION  | 19b. MAJOR FINDINGS OF OPERATION<br><u>4:20 P<br/>4500</u> |  | 20. AUTOPSY?<br>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 (Month) (Day) (Year) (Hour) OF INJURY   | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR?  |
| 22. I hereby certify that I attended the deceased from <u>June, 1955, to 10/7, 1955</u> , that I last saw the deceased alive on <u>10/6, 1955</u> , and that death occurred at <u>9:30 P.M.</u> , from the causes and on the date stated above. |  |   |
| 23a. SIGNATURE (Degree or title)<br><u>W. C. Gardiner</u>   | 23b. ADDRESS<br><u>W. C. Gardiner, 9171 Airport Rd., Ferguson</u>                                      | 23c. DATE SIGNED<br><u>10/8/55</u>  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>  | 24b. DATE<br><u>10-10-55</u>   | 24c. NAME OF CEMETERY OR CREMATORY<br><u>Memorial Park</u>                          |
| 24d. LOCATION (City, town, or county) (State)<br><u>Normandy, Missouri</u>  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br><u>WHITE CHAPEL, FERGUSON, MISSOURI</u>                    |   |
| DATE REC'D BY LOCAL REG.<br><u>10-10-55</u>   | REGISTRAR'S SIGNATURE<br><u>Herbert R. ...</u>   | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br><u>WHITE CHAPEL, FERGUSON, MISSOURI</u> |

(Licensed Embalmers' Statement on Reverse Side)

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

*Eleanor Province*

Licensed Embalmer No. 3403

P. O. Address Jennings, Missouri

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

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