

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED DEC 2 1955

State File No.

318

1003

10335

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____ Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) ST LOUIS		c. CITY OR TOWN ST LOUIS	
d. FULL NAME OF HOSPITAL OR INSTITUTION STANTHONS		STREET ADDRESS (If rural, give location) 6612 Michigan	

3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) H. c. (Last) Warren			4. DATE OF DEATH (Month) (Day) (Year) Nov. 24 1955		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED: NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH May 25 1878		9. AGE (In years last birthday) 77		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Watchman	
10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Mo.		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Jim Warren		13b. MOTHER'S MAIDEN NAME Mary Ellen Jump		14. NAME OF HUSBAND OR WIFE Lydia	
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.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Lydia Warren 6612 Michigan	

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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) myocardial infarct		INTERVAL BETWEEN ONSET AND DEATH 3 wks	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) arterio-sclerotic		2 yrs.	
DUE TO (c) Valvular Heart Disease		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		5 yrs.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4200		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) m.		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 **Jan**, 19**54**, to **Nov 24**, 19**55**, that I last saw the deceased alive on **Nov 23**, 19**55**, and that death occurred at **3:47 am.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) George A. O'Sullivan, M.D.		23b. ADDRESS 421 N. Ashmun St. Brentwood, Mo. 63105		23c. DATE SIGNED Nov 25-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 11/26/55		24c. NAME OF CEMETERY OR CREMATORY Warren Cem.	
24d. LOCATION (City, town, or county) (State) T.B.A. MO.		25. FUNERAL DIRECTOR'S SIGNATURE JOS. P. FENDLER JR.		7128 MICHIGAN	
DATE REC'D BY LOCAL REG. NOV 28 1955		REGISTRAR'S SIGNATURE Carl Smith Mo		25. FUNERAL DIRECTOR'S SIGNATURE JOS. P. FENDLER JR. 7128 MICHIGAN	

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
Signature of Student Embalmer

Signed *Clarence Keshou*
Licensed Embalmer No. *30*

P. O. Address *7128 The*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (To comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.