

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

39899

FILED NOV 28 1956

Registration District No. **318** Primary Registration District No. **1003** STATE FILE NUMBER **10112** Registrar's No.

Health, Welfare, Public Service  
300  
9-56  
All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Illinois</b> b. COUNTY <b>ST. CLAIR</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>SAINT LOUIS</b>		c. CITY OR TOWN <b>CASEYVILLE</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>BARNES HOSPITAL</b>		d. STREET ADDRESS <b>3800 O'FALLON</b>	
Length of stay in lb <b>1 DAY</b>		(If outside, give location) <b>8120</b>	
Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First <b>GERALD</b> Middle <b>FRANCIS</b> Last <b>WARDEN</b>			4. DATE OF DEATH Month <b>NOVEMBER</b> Day <b>4</b> Year <b>1956</b>		
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>APRIL 2, 1900</b>	9. AGE (In years last birthday) <b>56</b>	IF UNDER 1 YEAR Months <b>7</b> Days <b>2</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>MAINTENANCE MACHINIST</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>AMER. STEEL CO.</b>		11. BIRTHPLACE (City and state or country) <b>SAINT LOUIS, MO.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>			13. FATHER'S NAME <b>WILLIAM WARDEN</b>		
14. MOTHER'S MAIDEN NAME <b>CATHERINE HOLMES</b>			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		
16. SOCIAL SECURITY NO. <b>335-10-5943</b>			17. INFORMANT <b>Mrs. Rose Ellen Warden - 3300 O'Fallon</b>		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>PULMONARY EDEMA, ACUTE</b> <b>CARCINOMATOSIS</b> <b>UNDIFFERENTIATED CANCER OF BRONCHUS</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 HOUR</b> <b>1 YEAR</b> <b>9 years</b>
CONDITIONS IF ANOTHER CAUSE (b) OR (c) IS LISTED <b>163+</b>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour <b>6:30</b> Month, Day, Year a. m. p. m.		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from <b>11-3-56</b> to <b>11-4-56</b> and last saw <sup>her</sup> <sub>him</sub> alive on _____ Death occurred at <b>6:30</b> m on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE (Degree or title) <b>Harry B. Meigan M.D.</b>	22b. ADDRESS <b>BARNES HOSPITAL</b>	22c. DATE SIGNED <b>11-4-56</b>

23a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>	23b. DATE <b>11/5/56</b>	23c. NAME OF CEMETERY OR CREMATORY <b>EAST ST. LOUIS, ILL.</b>	23d. LOCATION (City, town, or county) (State)
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24. FUNERAL DIRECTOR <b>John J. Kunkel - E. ST. LOUIS, ILL.</b>	25. DATE RECD. BY LOCAL REG. <b>NOV 5 1956</b>	26. REGISTRAR'S SIGNATURE <b>J. Carl Smith, M.D.</b> M. J. B.
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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.

*Not Embalmed*

Student .....  
Signature of Student Embalmer

Signed *John J. Hussey III*

Licensed Embalmer No. ....

P. O. Address .....

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.