

JRI. DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-030031

FILED VS SEP 8 1960

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 301

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>COLE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Illinois</u> b. COUNTY <u>Madison</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>JEFFERSON CITY</u>	Length of stay in lb <u>3 1/2 Days</u>	c. CITY OR TOWN <u>Granite City</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>CHAR. STILL HOSP.</u>		d. STREET ADDRESS (If outside, give location) <u>2032 Benton Ave.</u>	Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <u>WILLIAM Henry WARNING</u>			4. DATE OF DEATH Month Day Year <u>Aug (8) 30 1960</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>7-3-1903</u>	9. AGE (last birthday) <u>57</u>	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Chauffeur</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Funeral Business</u>		11. BIRTHPLACE (City and state or country) <u>St. Clair Co, Ill, USA</u>		12. CITIZEN OF WHAT COUNTRY
13a. FATHER'S NAME <u>Frederick Warning</u>		13b. MOTHER'S MAIDEN NAME <u>Amanda Wiemann</u>		14. NAME OF HUSBAND OR WIFE <u>Ann Warning</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>702-05-3199</u>		17. INFORMANT <u>Ann Warning</u> Address <u>2032 Benton St. Granite City, Ill.</u>		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Shock</u>		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Acute exanguination</u>	
	DUE TO (c) <u>Ischaemic ulcer</u>	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Arteriosclerotic heart disease</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 Month, Day, Year <u>2:30 A</u>			

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 <u>Jefferson City, Mo.</u>
21. I attended the deceased from <u>8/26/60</u> to <u>8/30/60</u> and last saw her <u>him</u> alive on <u>8/30/60</u> Death occurred at <u>2:30 A</u> on the date stated above, and to the best of my knowledge, from the causes stated.		

22a. SIGNATURE (Degree or title) <u>R.A. Michael</u>		22b. ADDRESS <u>Jefferson City, Mo.</u>		22c. DATE SIGNED <u>8/30/60</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>8-30-60</u>	23c. NAME OF CEMETERY OR CREMATOR <u>Sunset Hill Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Granite City Madison Ill.</u>	
24. FUNERAL DIRECTOR ADDRESS <u>Henry J. Pieper Granite City, Ill.</u>		25. DATE REC'D. BY LOCAL REG. <u>30 August 1960</u>	26. REGISTRAR'S SIGNATURE <u>R.P. Harris, M.D. - Richter, Dep</u>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SEP 6 1960

SEP 15 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by  
or by NOT EMBALMED Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Henry J. Bieper  
Licensed Embalmer No. Ill. 8210

P. O. Address Granite City

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.