

1. PLACE OF DEATH
 a. COUNTY
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST LOUIS Length of stay in 1b 8 DAYS
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST ANTHONY HOSPITAL Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE MISSOURI b. COUNTY ST LOUIS
 c. CITY OR TOWN MEHLVILLE Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) Rt 8 - Box 235 Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First DORA Middle B Last WARMBRODT 4. DATE OF DEATH Month NOV Day 25 Year 1960

5. SEX FEMALE 6. COLOR OR RACE WHITE 7. Married Widowed Never Married Divorced 8. DATE OF BIRTH AUG-15-1884 9. AGE (last birthday) 76 IF UNDER 1 YEAR Months 3 Days 10 IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEKEEPER 10b. KIND OF BUSINESS OR INDUSTRY HOME 11. BIRTHPLACE (City and state or country) ST LOUIS MO 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME JOHN A WARMBRODT 13b. MOTHER'S MAIDEN NAME CAROLINE FRIED 14. NAME OF HUSBAND OR WIFE _____

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO 16. SOCIAL SECURITY NO. NONE 17. INFORMANT EMIL WARMBRODT Address 5016 TENNESSEE AVE ST LOUIS MO

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Generalized carcinoma INTERVAL BETWEEN ONSET AND DEATH 7 mo
 DUE TO (b) Carcinoma of uterus ?
 DUE TO (c) 174x

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
 PART III. If deceased was female was there a pregnancy in last 90 days. Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
 20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 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 Aug 17, 1960 to Nov 25, 1960 and last saw her/him alive on Nov 25, 1960
 Death occurred at 10 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Albert J. Brude MD 22b. ADDRESS 3606 Grannis 22c. DATE SIGNED 11-28-60

23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL 23b. DATE Nov-29-1960 23c. NAME OF CEMETERY OR CREMATORY OLD ST JOHNS CEM. 23d. LOCATION (City, town, or county) (State) MEHLVILLE MO

24. FUNERAL DIRECTOR ADDRESS FEV FUNERAL HOME, MEHLVILLE MO. 25. DATE RECD. BY LOCAL REG. NOV 28 1960 26. REGISTRAR'S SIGNATURE Loan Smith, M.D.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *Walter W. Quinn*

Licensed Embalmer No. 432

P. O. Address St. Louis

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