

**JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**-60-044554**

REGISTRATION DISTRICT No. 317 Primary Registration District No. 541 REGISTRAR'S No. 3459 STATE FILE NUMBER

|   |                                       |  |  |
|---|---------------------------------------|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>St. Louis</b>   |                                       | 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b> |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Clayton</b>                             | Length of stay in 1b<br><b>5 DAYS</b> | c. CITY OR TOWN <b>Webster Groves</b>  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>St. Louis County Hospital</b> |                                       | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   | d. STREET ADDRESS (If outside, give location)<br><b>60 East Jackson</b>              |
|   |                                       | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  |  |

|   |                                  |   |  |   |   |  |
|---|----------------------------------|---|--|---|---|--|
| 3. NAME OF DECEASED (Type or print)<br>First <b>Andrew</b> Middle <b>Warmbrodt</b> Last <b>Warmbrodt</b>              |                                  |   | 4. DATE OF DEATH<br>Month <b>11</b> Day <b>28</b> Year <b>60</b>           |   |   |  |
| 5. SEX<br><b>Male</b>   | 6. COLOR OR RACE<br><b>White</b> | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>1-27-1898</b>                                       | 9. AGE (last birthday)<br><b>62</b>         | IF UNDER 1 YEAR<br>Months Days Hours Min. |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Laborer</b>         |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Self-employed</b>   | 11. BIRTHPLACE (City and state or country)<br><b>St. Louis County, Mo.</b> | 12. CITIZEN OF WHAT COUNTRY<br><b>U.S.A</b> |   |  |
| 13a. FATHER'S NAME<br><b>Adolph Warmbrodt</b>   |                                  | 13b. MOTHER'S MAIDEN NAME<br><b>Elizabeth Lehr</b>  |  | 14. NAME OF HUSBAND OR WIFE<br><b>None</b>  |   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b> |                                  | 16. SOCIAL SECURITY NO.<br><b>No</b>  | 17. INFORMANT<br><b>P. J. Warmbrodt</b><br>Address                         |   |   |  |

|  |   |                                  |
|--|---|----------------------------------|
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY: |   | INTERVAL BETWEEN ONSET AND DEATH |
| IMMEDIATE CAUSE (a)  | <b>Acute Peritonitis</b>                    |                                  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.               | DUE TO (b) <b>Ascension done by bladder</b> |                                  |
|  | DUE TO (c) <b>Prostatitis</b>               |                                  |

|   |  |  |  |
|---|--|--|--|
| 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.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |  |
|---|--|--|--|

|   |   |  |              |
|---|---|--|--------------|
| 19. WAS AUTOPSY PERFORMED?<br>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<br>Hour Month, Day, Year<br>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 11-23-60 to 11-28-60 and last saw him alive on 11-28-60  
Death occurred at 2:30 A. M. on the date stated above, and to the best of my knowledge, from the causes stated.

|   |                             |   |   |   |
|---|-----------------------------|---|---|---|
| 22a. SIGNATURE (Degree or title)<br><b>Edward J. Thomas, M.D.</b> |                             | 22b. ADDRESS<br><b>6015 Brentwood Clayton, Mo</b>           |   | 22c. DATE SIGNED<br><b>11/29/60</b>   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>        | 23b. DATE<br><b>12-1-60</b> | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Des Peres Cem.</b> |   | 23d. LOCATION (City, town, or county) (State)<br><b>Des Peres, Mo. Webster Groves, Clayton, Mo.</b> |
| 24. FUNERAL DIRECTOR<br><b>Parker-Aldrich Webster Groves, Mo.</b> |                             | 25. DATE RECD. BY LOCAL REG.<br><b>11-29-60</b>             | 26. REGISTRAR'S SIGNATURE<br><b>John B. Muffley, M.D.</b> |   |

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

*Leslie Welch*

Licensed Embalmer No. 4395

P. O. Address Kokater Ga

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.