MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-027460
STATE FILE NUMBER

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6878

FILED AUG 3 1961

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis
Length of stay in 1b
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Incarnate Word Hospital
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY
c. CITY OR TOWN: St. Louis
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 5327 Arsenal St.
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Perry Middle: Elliott Last: Warren
4. DATE OF DEATH: Month: July Day: 21, Year: 1961
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 1/2/1894
9. AGE (last birthday): 67
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Nurse - Nursing
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country): Reynolds Co., Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.
13a. FATHER'S NAME: Green L. Warren
13b. MOTHER'S MAIDEN NAME: Matilda Radford
14. NAME OF HUSBAND OR WIFE: Cora
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)
17. INFORMANT: Cora Warren, Address: 5327 Arsenal St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 22 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) with Congestive heart failure
DUE TO (c) 420.0
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 6-30-61, to 7-21-61 and last saw him alive on 7-21-61
Death occurred at 3:15 pm on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE (Degree or title): Norman Bailey M.D.
22b. ADDRESS: 6356 Clayton Rd Ellisville Mo
22c. DATE SIGNED: 7-24-61
23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 7-24-61
23c. NAME OF CEMETERY OR CREMATORY: Polk Cemetery
23d. LOCATION (City, town, or county) (State): Reynolds Co., Mo.
24. FUNERAL DIRECTOR: Pewitt Funeral Home, ADDRESS: Ellington, Mo.
25. DATE RECD. BY LOCAL REG.: JUL 24 1961
26. REGISTRAR'S SIGNATURE: Earl Smith, M.D.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

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 Harry E. Monroe

Licensed Embalmer No. 4495

P. O. Address St. Louis, Mo

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.