

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-031202

STATE FILE NUMBER

AMENDED

Registration District No. 218 Primary Registration District No. 1003 Registrar's No. 7450

1. PLACE OF DEATH
 a. COUNTY Missouri
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis Length of stay in 1b 1 week
 c. CITY OR TOWN Iron Mountain Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) ---- Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First William Middle E. Last Warmbrodt 4. DATE OF DEATH Month August Day 9 Year 1961
 5. SEX Male 6. COLOR OR RACE White 7. Married Widowed Never Married Divorced 8. DATE OF BIRTH 2/8/1899 9. AGE (last birthday) 62
 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Deputy 10b. KIND OF BUSINESS OR INDUSTRY Police Dept. 11. BIRTHPLACE (City and state or country) Oakville, Missouri 12. CITIZEN OF WHAT COUNTRY U.S.A.
 13a. FATHER'S NAME William H. Warmbrodt 13b. MOTHER'S MAIDEN NAME Amelia Lane 14. NAME OF HUSBAND OR WIFE Viola

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) Yes WW # 1 17. INFORMANT William E. Warmbrodt 246 Bauman Lemay, Mo. Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Arteriosclerosis Head Infection INTERVAL BETWEEN ONSET AND DEATH unk
 DUE TO (b) 2 unalzed h. keros. doses unk
 DUE TO (c) 420.0H

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Gastro Intest. malignancy with Lone Metastasis? 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 8:47 P.M. Month, Day, Year 8/19/61

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 8/3/61 to 8/19/61 and last saw her/him alive on 8/6/61. Death occurred at 9:47 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Robert Swerman M.D. 22b. ADDRESS 115 Paul Brown Bldg No 10 22c. DATE SIGNED Aug 10 61

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal 23b. DATE Aug. 12, 1961 23c. NAME OF CEMETERY OR CREMATORY Mt. Hope Mausoleum 23d. LOCATION (City, town, or county) (State) Lemay, Missouri

24. FUNERAL DIRECTOR ADDRESS C. Hoffmeister Mortuaries 7814 So. Broadway St. Louis, Mo 25. DATE RECD. BY LOCAL REG. AUG 10 1961 26. REGISTRAR'S SIGNATURE Paul Smith, M.D.

DATE AMENDED
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 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 me
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed John L. Dennehy
Licensed Embalmer No. 4194
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.