

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-004704

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 648

STATE FILE NUMBER

AMENDED

FILED JAN 19 1962

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| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> , COUNTY | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis, Mo.</u> | | c. CITY OR TOWN <u>St. Louis.</u> | |
| Length of stay in 1b | | 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>Mo. Baptist Hospital</u> | | d. STREET ADDRESS (If outside, give location) <u>4511 McMillan</u> | |
| Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |

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| 3. NAME OF DECEASED (Type or print) First <u>Gertrude</u> Middle <u>Marie</u> Last <u>Warren</u> | | | 4. DATE OF DEATH Month <u>January</u> Day <u>12</u> Year <u>1962</u> | | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>8/16/1863</u> | 9. AGE (last birthday) <u>98</u> | IF UNDER 1 YEAR Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u> | | 11. BIRTHPLACE (City and state or country) <u>Calcutta, India</u> | |
| 12. CITIZEN OF WHAT COUNTRY <u>England</u> | | 13a. FATHER'S NAME <u>Francis Nicolas</u> | | 13b. MOTHER'S MAIDEN NAME <u>UNKNOWN Mathews</u> | |
| 14. NAME OF HUSBAND OR WIFE <u>Arthur</u> | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No. Nil.</u> | | 16. SOCIAL SECURITY NO. <u>None</u> | |
| 17. INFORMANT <u>Ann Ritchey, 4511 McMillan</u> | | Address | | | |

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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: | | | INTERVAL BETWEEN ONSET AND DEATH |
| IMMEDIATE CAUSE (a) <u>Pulmonary embolism</u> | | | <u>2 HRS</u> |
| DUE TO (b) <u>Arteriosclerotic heart disease</u> | | | <u>15 YRS</u> |
| DUE TO (c) <u>Gen. arteriosclerosis</u> | | | <u>15 + YRS</u> |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>420.0</u> | | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |

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| 19. WAS AUTOPSY PERFORMED? 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.) |
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| 20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year |
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| 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 |
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21. I attended the deceased from about 1952 to JAN 12, 1962 and last saw ^{her} alive on JAN 12, 1962
Death occurred at 6:30 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

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| 22a. SIGNATURE <u>John L. Horner, M.D.</u> | (Degree or title) | 22b. ADDRESS <u>114 N. Taylor, St. Louis 8 Mo</u> | 22c. DATE SIGNED <u>1-15-62</u> |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>1-15-62</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Bellefontaine Cemetery</u> | 23d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u> |
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| 24. FUNERAL DIRECTOR <u>Albert H. Hoppe Inc., 4700 Washington,</u> | ADDRESS | 25. DATE RECD. BY LOCAL REG. <u>JAN 15 1962</u> | 26. REGISTRAR'S SIGNATURE <u>Earl Smith, M.D.</u> |
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 DATE AMENDED
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF

2025 FEB 28 10:15 AM

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

Melvin L. Kemper

Licensed Embalmer No. 4052

P. O. Address 4911 Washington

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.