MAR 5 - 1937

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

File No. 8109
Registered No. 1551

1. PLACE OF DEATH

County
Township
City St. Louis (No. City Hospital No. 2 St. Ward)

Registration District No. 791
Primary Registration District No. 1003

2. FULL NAME Jean Warlick

(a) Residence, No. 4369 Cote Brilliante Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 4 mos. 11 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	Negro	Single

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8 - 8 - 1936

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	4	11	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

FATHER
13. NAME Ples Warlick
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

MOTHER
15. MAIDEN NAME Mary Walker
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss.

17. INFORMANT Ruby Perdeau
(ADDRESS) 2945 Lawton

18. BURIAL, CREMATION, OR REMOVAL
PLACE CITY CEMETERY DATE Feb 4 1937

19. UNDERTAKER Jas Hamilton
(ADDRESS) City Hospital

20. FILED 2-3 1937 J. F. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12 - 19 - 1936

22. I HEREBY CERTIFY, That I attended deceased from 11 - 29 - 1936 to 12 - 19 - 1936
I last saw him alive on 12 - 19 - 1936 Death is said to have occurred on the date stated above, at 4:55 A. M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	11-29-36
Other contributory causes of importance	

Name of operation Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Thomas McFall M. D.
(Address) City Hosp #2

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.