APR 9 1937

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

Do not use this space.

1. PLACE OF DEATH

County ..... ~~SUPPLEMENTARY~~ Registration District No. 791 File No. 10130

Township ..... Primary Registration District No. 1003 Registered No. 2694

City St. Louis, Mo. (No. City Infirmary St. ..... Ward)

2. FULL NAME David Warner

(a) Residence, No. 5800 Arsenal St., 13 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 53 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 7, 1855

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
81	8	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer, common
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) New York, N.Y.

FATHER

13. NAME John Warner
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ? Germany

MOTHER

15. MAIDEN NAME Annie Smith
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ? Germany

17. INFORMANT (ADDRESS) J.G.Sullivan 5800 Arsenal St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cem DATE Mar 10 1937

19. UNDERTAKER (ADDRESS) J. Gebken Land U Co 2842 Meramec

20. FILED MAR 9 1937 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 6, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept. 29, 1932 to Mar. 6, 1937
I last saw him alive on Mar. 6, 1937. Death is said to have occurred on the date stated above, at 5:50 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
CEREBRAL ACCIDENT, LEFT	

Other contributory causes of importance:
ARTERIOSCLEROSIS, GENERALIZED

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... 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) [signature], M. D.
(Address) 5600 Arsenal

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.

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