

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH 791

30392
Do not use this space.
7829

REC'D OCT 12 1938

1. PLACE OF DEATH

(a) County
 (b) Township
 (c) City St. Louis (d) Street No. 4411 N. Florissant Ave. St. 9
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME William F. Warning 655

(a) Residence, No. 4411 N. Florissant St. 9
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Husband of Charlotte Warning (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 4, 1849

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
88 10 29

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Carpenter
 9. Industry or business in which work was done, as saw mill, bank, etc. -
 10. Date deceased last worked at this occupation (month and year) Sept. 1923 11. Total time (years) spent in this occupation 15

12. BIRTHPLACE (CITY OR TOWN) Wesphallan (STATE OR COUNTRY) Germany

FATHER 13. NAME Gerhart Warning

14. BIRTHPLACE (CITY OR TOWN) Germany (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Catherina Juedemann

16. BIRTHPLACE (CITY OR TOWN) Germany (STATE OR COUNTRY)

17. INFORMANT Charlotte Warning (ADDRESS) 4411 N. Florissant

18. BURIAL, CREMATION, OR REMOVAL PLACE Friedens Cem. DATE Sept. 6 19 38

19. FUNERAL DIRECTOR Suedmeyer & Sons (ADDRESS) 3934 N. 20th St.

20. FILED SEP-4 1938 J. F. Bredich Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) SEP 3, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jul 1, 1938 to sep 3, 1938
 I last saw him alive on sep 3, 1938. Death is said to have occurred on the date stated above, at 6 P. m.
 The principal cause of death and related causes of importance were as follows:

Senility
162
 Other contributory causes of importance: None
 Date of onset

Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy?

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) W. S. Mellies / M. D.
 (Address) 3825 N 20th

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.

STATEMENT BY LICENSED EMBALMER

I, Geo P Schubert, Licensed Embalmer No. 2212

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Myself

..... L. E.

No. or by Registered Apprentice No.

working under my personal supervision.

Signed Geo P Schubert

Licensed Embalmer No. 2212

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.)