

NOV 16 1938

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

33687  
Do not use this space.

1. PLACE OF DEATH

(a) County.....  
(b) Township.....  
(c) City..... St. Louis  
(e) Length of residence in city or town where death occurred  
D. 8487656

Registration District No. 791  
Primary Registration District No. 1003  
(d) Street No. City Hospital No. 1 Registered No. 8673  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 1213 North Market  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

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 (OR) WIFE OF Husband of Mabel July 20, 1900  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)  
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
38      2      11

OCCUPATION  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Tailor  
9. Industry or business in which work was done, as saw mill, bank, etc. nil  
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) Sedalia Missouri

FATHER  
13. NAME John Warner

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

MOTHER  
15. MAIDEN NAME Unknown

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

17. INFORMANT Hosp. Info M. Kent (ADDRESS)

18. BURIAL, CREMATION OR REMOVAL in PLACE St. Matthews Cem DATE 10/5/38

19. FUNERAL DIRECTOR (NAME) (ADDRESS) A. W. McLaughlin 2301 Lafayette Avenue

20. FILED OCT 4 1938 J. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/1/38 19  
22. I HEREBY CERTIFY, That I attended deceased from 9/28/38 19, to 10/1/38 19.  
I last saw h. him live on 10/1/38 19. Death is said to have occurred on the date stated above, at 8.05 a  
The principal cause of death and related causes of importance were as follows:

Pulmonary tuberculosis  
Date of onset  
Other contributory causes of importance: 3

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) J. P. Ke... 1, M. D.  
(Address) City Hospital No.

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 hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, .....

*L. O. Cooper*

....., or by .....

Registered Apprentice No. ...., working under my personal supervision.

Signed

*L. O. Cooper*

Licensed Embalmer No.

*3633*

P. O. Address

*2317 Lafayette*

**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 this body is not embalmed, above space should be left blank.**