

REC'D JUN 12 1939

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

791 17074  
1008 Do not use this space.

1. PLACE OF DEATH

(a) County 3 Registration District No. ....  
(b) Township ..... Primary Registration District No. .... Registered No. 4608  
(c) City St. Louis (d) Street No. In the Mississippi River St. ....  
(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

156 Rowley Allen Warner  
(a) Residence, No. 5970 Columbia Ave. St. 3  
(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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 31, 1925

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
13 6 13

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

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

FATHER 13. NAME Wallace Warner

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

MOTHER 15. MAIDEN NAME Lillian Herbert

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

17. INFORMANT Wallace Warner (ADDRESS) 5970 Columbia Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Lebanon DATE 5-22 1939

19. FUNERAL DIRECTOR (NAME) Kriegshauser Mortuaries (ADDRESS) 4228 So. Kingshighway

MAY 20 1939  
20. FILED J. B. Rudak Local Registrar.

NO PHYSICIAN IN ATTENDANCE

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-13 1939

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h. .... alive on ..... 19..... Death is said to have occurred on the date stated above, at 3:30 P.M.

The principal cause of death and related causes of importance were as follows:

Asphyxiation due to Drowning, when boat capsized in the Mississippi River off the shore line at about 10500 Riverview Drive, on May 13th, 1939, at about 3:30 P.M.

Date of onset

Other contributory causes of importance: CAUSE OF BOAT CAPSIZING UNDETERMINED

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? Accident Date of injury 5/13/1939

Where did injury occur? St. Louis, Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. In Public Place

Manner of injury See Above

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify .....

(Signed) Joseph M. Quinn

(Address) Deputy Coroner

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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**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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed..... *Edwin M. Bennett*

Licensed Embalmer No..... *3024*

P. O. Address.....

**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.**