

STANDARD CERTIFICATE OF DEATH

State File No. 7213
Registrar's No.

Registration District No. 799 Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis
(c) Name of hospital or institution: St. Johns Hospital
(d) Length of stay: In hospital or institution 7 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County _____
(c) City or town St. Louis
(d) Street No. 4928 Neosho St.

3. (a) PRINT FULL NAME Frank A. Warnhoff 651
(b) If veteran, name war None (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Aug day 18
year 1939 hour 11 minute 35 P.M.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife Anna Hagg 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased January 12, 1854

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h_____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

8. AGE: Years 85 Months 7 Days 6 If less than one day _____ hr. _____ min.

Immediate cause of death Traumatic Hemorrhage due to basal fracture of the skull Duration _____

9. Birthplace Templeton Conn.

Due to car in which he was riding being struck by Ford car driven by Henry Schwan about 9:00 (P.M.) about 7:45 P.M. Aug. 13, 1939. City Park

10. Usual occupation Retired hardware Merchant

Other conditions _____
Major findings: _____
Of operations _____
Of autopsy _____

11. Industry or business _____
12. Name Frederick Warnhoff
13. Birthplace Germany
14. Maiden name Augusta Becker
15. Birthplace Germany

PHYSICIAN
Underline the cause to which death should be charged statistically.
210 W
22

16. (a) Informant's own signature Martha H. Van Buren
(b) Address 4928 Neosho St.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Criminal Causeless
(b) Date of occurrence Aug. 13, 1939

17. (a) Burial (b) Date thereof Aug. 21, 1939
(c) Place: burial or cremation St. Peter's Cemetery

(c) Where did injury occur? Laurel, St. Louis County, Mo.
(d) Did injury occur in or about home, on farm, in industrial place, in public place? 4 public place

18. (a) Signature of funeral director Charles H. Jones
(b) Address 4911 Washington Bl.

While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature Alfred J. Perry (M. D. or other) _____
Address Albany, Missouri Date signed 8-19-39

19. (a) AUG 20 1939 (b) _____
(Date received local registrar) (Registrar's signature)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Rev. 5-17-39 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, or by.....

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

working under my personal supervision.

Signed *Thomas K. Penwick*

Licensed Embalmer No. *3793*

P. O. Address *St. Louis, Mo.*

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.