

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 33561

Registration District No. 384

Primary Registration District No. 117

Registrar's No. 1732

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Webster Groves 3

(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
Bethesda-Dillworth Memorial Home

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 18 months 7 days  
(Specify whether)

In this community \_\_\_\_\_  
years, months or days)

3. (a) PRINT FULL NAME Grace Eliza Warren 650

8. (b) If veteran, name war \_\_\_\_\_

8. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased August 19 1871  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

67	1	12	hr. _____ min.
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9. Birthplace St. Louis Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Invalid

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Lewis L. Warren 1

13. Birthplace Newport Rhode Island  
(City, town, or county) (State or foreign country)

14. Maiden name Grace Agnes Grace Humber

15. Birthplace England  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Ella L. Warren

(b) Address 8605 Mora Lane

17. (a) Burial (b) Date thereof Oct. 3, 1939  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cemetery  
MITTELBERG FUNERAL HOME

18. (a) Signature of funeral director \_\_\_\_\_  
WEBSTER GROVES, MO.

(b) Address \_\_\_\_\_

19. (a) OCT 3 1939 (b) D. R. Meyer  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_

(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")

(d) Street No. 8605 Mora Lane  
(If rural, give location)

(e) If foreign born, how long in U. S. A? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 1st. year 1939 hour 11:00 minute \_\_\_\_\_ P. A. M.

21. I hereby certify that I attended the deceased from July, 1938, Sept 79, 1939, that I last saw her alive on \_\_\_\_\_, 1939, and that death occurred on the date and hour stated above.

Immediate cause of death

Acute Bronchitis Duration 3 wks

Acute Cystitis 2 wks

Due to Arteriosclerosis

Due to Chr. Myocarditis

Chr. Arteritis Deformans

Other conditions Cardial for 2 yrs  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy 930

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

23. Signature O. Pleabough (M. D. or other) MD

Address 105 W. Lockwood Ave Date signed 10-3-39

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

**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 Guy W Wilkinson

Licensed Embalmer No. 3578

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.**



