

JAN 8 1941

Registration District No. 784

Primary Registration District No. 200

Registrar's No. 2395

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

1. PLACE OF DEATH: St. Louis County  
 (a) County.....  
 (b) City or town Jefferson Barracks  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: Veterans Administration Facility  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: -In hospital or institution Admitted 12/11/40  
 (Specify whether years, months or days) 3

3. (a) PRINT FULL NAME Lawrence O. Warren  
 3. (b) If veteran, name war World War  
 3. (c) Social Security No. Yes - Not remembered.

4. Sex Male 5. Color or race White  
 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Irma  
 6. (c) Age of husband or wife if alive - years

7. Birth date of deceased Oct. 18, 1897  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
43 1 28 hr. min.

9. Birthplace Bourbon Missouri  
 (City, town, or county) (State or foreign country)

10. Usual occupation Maintenance Man

11. Industry or business -

12. Name Unavailable

13. Birthplace Unavailable  
 (City, town, or county) (State or foreign country)

14. Maiden name Unavailable

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

16. (a) Informant Chas. Salvagny

(b) Address Actg. Cl. Clerk, VAF, Jeff. Bks., Mo

17. (a) BURIAL (b) Date thereof DEC 20 1940  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation NATIONAL CEMETERY

18. (a) Signature of funeral director R.H. Hester M.D.C.

(b) Address 7814 S. Broadway

19. (a) DEC 19 1940 (b) [Signature]  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Jefferson Co.  
 (c) City or town Maxville  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. P.O. R. #1, Kimmswick, Mo.  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A.? - years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 16th  
 year 1940 hour 6:40 minute 2 P. M.

21. I hereby certify that I attended the deceased from December 11, 1940 to December 16, 1940  
 that I last saw him alive on December 16, 1940  
 and that death occurred on the date and hour stated above.

Immediate cause of death Appendicitis, acute, ruptured, with generalized peritonitis. Duration 6 days

Due to -

Due to -

Other conditions None.  
 (Include pregnancy within 3 months of death)

Major findings: Operated 12/11/40  
 Of operations

Of autopsy No autopsy.

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? \_\_\_\_\_

While at work? Yes (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature C.W. HUGHES, M.D. (M. D. or other) 1

Address Chief Medical Officer Date signed 12/16/40

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

*Linus C. Hoffmeister*

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broad

**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, fact should be so stated above.**