No. 2
4-13-40
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FILED MAY 13 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 12966

Registration District No. 791 | Primary Registration District No. 1003 | Registrar's No. 3396

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

10 7 9

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Mo. Baptist Hosp. O (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 Day (Specify whether years, months or days)

In this community 32 Yrs.

2. USUAL RESIDENCE OF DEACESED: 9 W R

(a) State Missouri (b) County

(c) City or town Florissant Mo 10 (If outside city or town limits, write "RURAL")

(d) Street No. Florissant Station R. 1 Box 184 (If rural, give location)

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

3. (a) PRINT FULL NAME William Warnecke Sr.

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Bertha Warnecke

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased Aug (Month) 21 (Day) 1871 (Year)

8. AGE: Years 69 | Months 7 | Days 28 | If less than one day hr. min.

9. Birthplace St. Louis Co. (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER

12. Name Christ Warnecke

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

14. Maiden name Rose Ahle

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

16. (a) Informant Bertha Warnecke

(b) Address Florissant Station R. 1 Box 184

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 21-1941 (Month) (Day) (Year)

(c) Place: burial or cremation Black Jack Cem.

18. (a) Signature of funeral director Diedrich Funeral Home

(b) Address 8319 Halls Ferry Rd

19. (a) APR 20 1941 (Date received by Registrar) (b) J. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 18 year 1941 hour 3 minute 25 P. M.

21. I hereby certify that I attended the deceased from April 16, 1941, to April 18, 1941; that I last saw him alive on April 18, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Lobar Pneumonia	r. Days
Due to 108	
Due to	
Other conditions (Include pregnancy within 3 months of death) Chronic Myocarditis Infected Prostatitis (no mumps)	

Major findings: Of operation

Of 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? (Specify type of place)

While at work? (e) Means of injury O

23. Signature P. S. Neugl M.D. (M. D. or other)

Address 4634 No Taylor Date signed 4/20/41

(Licensed Embalmer's Statement on Reverse Side)

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 Arthur R. Diedrich

Licensed Embalmer No. 3556

P.O. Address St. Louis City

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.