No. 2
-1-4-41
-17-39
X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 20 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

42906

State File No. _____

Registration District No. 284 Primary Registration District No. 101 Registrar's No. 1

1. PLACE OF DEATH:

(a) County St. Louis Country

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

(c) Name of hospital or institution: 0

St. Louis Co. Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution I Day (Specify whether

In this community 10 Months years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis 96

(c) City or town ~~Gravois~~ AFFTON (If outside city or town limits, write "RURAL") 0

(d) Street No. 6756 Bonnie (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country 1

3. (a) PRINT FULL NAME Philip EDWARD Warner

3. (b) If veteran, name war _____

3. (c) Social Security No. 494-07-9238

4. Sex Male 1

5. Color or race W

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Velma Warner

6. (c) Age of husband or wife if alive 28 years

7. Birth date of deceased July (Month) 18 (Day) 1903 (Year)

8. AGE: Years 38 Months 5 Days 14 If less than one day _____ hr. _____ min.

9. Birthplace Michigan (City, town, or county) 11 (State or foreign country)

10. Usual occupation Saleman

11. Industry or business Grebe Motor Car

FATHER
12. Name ? Warner
13. Birthplace Unkown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Unkown
15. Birthplace Unkown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Velma Warner

(b) Address 6756 Bonnie

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof I (Month) 3 (Day) 1942 (Year)

(c) Place: burial or cremation Park Lawn

18. (a) Signature of funeral director Fendler Und. Co.

(b) Address 7420 Michigan

19. (a) JAN 2 1942 (Date received local registrar) (b) C. G. McGarran M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 1st year 1942 hour 2 minute A M.

21. I hereby certify that I attended the deceased from June, 1940 to Jan 1st 1942 that I last saw him alive on Dec 29th, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion Instant Coronary artery disease

Due to c̄ angina pectoris

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings:
Of operations _____
Of autopsy _____

Duration

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 _____

23. Signature G. A. O'Sullivan (M. D. or other)

Address 421 W. Schurmer Date signed 1/2/42

(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.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.