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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED FEB 10 1943

Registration District No.

Primary Registration District No. 200

Registrar's No. 188

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
J. Route 8, LEMAY RURAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 65 yrs. (Specify whether years, months or days)

In this community 65 yrs. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Lemay
(If outside city or town limits, write "RURAL")

(d) Street No. Route 8 Wattese
(If rural, give location)

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

If yes, name country no

3. (a) PRINT John A. Warmbrodt
FULL NAME

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 22
year 1943 hour 12 minute 25 A. M.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Caroline Warmbrodt

6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased January 19 1851
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Dec 21 1942 to Jan 22 1943
that I last saw him alive on Jan 22 1943
and that death occurred on the date and hour stated above.

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

92	0	3	hr. min.
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Immediate cause of death Senility

Due to old age - (arteriosclerosis)

Due to

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

10. Usual occupation Farmer

Other conditions (Include pregnancy within 3 months of death)

11. Industry or business Retired

12. Name Benedict Warmbrodt

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

14. Maiden name Mary Ann Helbling

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

Major findings: Of operations 1628

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant Caroline Warmbrodt

(b) Address Route 8 Lemay, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 25, 1943
(Month) (Day) (Year)

(c) Place: burial or cremation Old St. John's Cemetery

18. (a) Signature of funeral director C. Hoffmeister U.A.L.Co.

(b) Address 7814 S. Broadway

19. (a) JAN 28 1943 (b) C. G. McFarson (Registrar's signature)

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? (Specify type of place)

(e) Means of injury

23. Signature Waldorf Hall (M. D. or other)

Address Lemay R. 8. Mo. Date signed 1/22/43

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

96
00

96
9
0

0

Duration

?

PHYSICIAN

Underline the cause to which death should be charged statistically.

As will

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.....

Paul A. Shanklin....., Registered Apprentice No.....
working under my personal supervision.

Signed *Paul A. Shanklin*
Licensed Embalmer No. *3472*
P. O. Address *704 E. Broadway*

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.