

ED APR 23 1943

318

Registration District No.

1003

3578

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

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 Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community..... (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Mo. (b) County.....
(c) City or town. St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4138 Chouteau Ave.
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Robert A. Warren

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 Widower

6. (b) Name of husband or wife. Late Deliah Warren 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased. Feb. 2nd 1868
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
75 2 13 hr. min.

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

10. Usual occupation. Letter Carrier

11. Industry or business. 20 Yrs. retired

MOTHER FATHER

12. Name. Robert Warren

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

14. Maiden name. Unknown

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

16. (a) Informant. Charles Bay
(b) Address. 4138 Chouteau Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof. 4-19-43
(Month) (Day) (Year)

(c) Place: burial or cremation. Memorial Park Cemetery

18. (a) Signature of funeral director. Kriegshauser Mortuaries
(b) Address. 4228 So. Kingshighway Blvd.

19. (a) APR 16 1943 (b) J. F. Bredick
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 15th
year. 1943 hour 9 minute A.M. M.

21. I hereby certify that I attended the deceased from 4-12-1943 to 4-15-1943
that I last saw h.im alive on 4-15-43, 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death. chronic atherosclerosis cerebral hemorrhage
Due to. arterio sclerosis

Due to.....
Other conditions (include pregnancy within 3 months of death) 93

Major findings: Of operations.....
Of autopsy.....

Duration 7 days
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?..... (Specify type of place) (e) Means of injury.....
23. Signature. W. R. Guma (M. D. or other)
Address. 4227 S. Broadway Date signed 4-16-43

908322 1-23³⁰

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

Richard W. Steensand

Licensed Embalmer No. 4007

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, fact should be so stated above.