

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

FILE JUL 24 1943 318 Registration District No. Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County.....

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

(c) Name of hospital or institution:
City Sanitarium 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 19 das.
(Specify whether years, months or days)

In this community 36 years

2. USUAL RESIDENCE OF DECEASED:

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

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 4207 N. 21st
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME CHESTER C. WARMEN

3. (b) If veteran, name war..... 3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 16
year 1943 hour 11:50 minute P. M.

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

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

7. Birth date of deceased March 28 1906
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 28 1943 to July 16 1943
that I last saw him alive on July 16 1943
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>39</u>	<u>3</u>	<u>18</u>hr.min.

Immediate cause of death.....
Paretic Status Epilepticus
Paresis

Duration 7-16-43
1943X

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

Due to.....

Due to.....

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

10. Usual occupation Sheet metal Worker

Major findings:
Of operations.....

11. Industry or business.....

12. Name h unknown

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

14. Maiden name unknown

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

Of autopsy no

PHYSICIAN.....
Underline the cause to which death should be charged statistically.

16. (a) Informant Thelma A. Dangler

(b) Address 5300 Arsenal St

17. (a) BURIAL (b) Date thereof 7-20 43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cem

18. (a) Signature of funeral director Edward Ascher

(b) Address 3934 N. 24th St.

19. (a) JUL 19 1943 (Date received local registrar)
J. F. Budeak (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 Edward Ascher (M. D. or other) MD
Address 5400 Arsenal St Date signed 7/17/43

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

Alfred J. Boedeker

Licensed Embalmer No. *2663*

P. O. Address

5930 Alpha

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.