

JUL 24 1943

1003

Registration District No. 818

Primary Registration District No. _____

Registrar's No. 6484

1. PLACE OF DEATH:

(a) County _____

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

(c) Name of hospital or institution:
Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 days
(Specify whether years, months or days)

In this community 25 years
(Specify whether years, months or days)

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. 1425 N. 21st St.
(If rural, give location)

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

3. (a) PRINT FULL NAME Robert Warner

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 15,
year 1943 hour 1 minute 00 A. M.

21. I hereby certify that I attended the deceased from July 11, 1943, to July 15, 1943
that I last saw him alive on July 15, 1943
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race Col 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Estella Warner 6. (c) Age of husband or wife if alive 34 years

7. Birth date of deceased Jan 27 1906
(Month) (Day) (Year)

Immediate cause of death Pulmonary Tuberculosis

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

8. AGE: Years 37 Months 5 Days 18 If less than one day _____ hr. _____ min.

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

10. Usual occupation Steel Foundry

11. Industry or business _____

12. Name Clemens Warner

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

14. Maiden name Lela Mayo

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

16. (a) Informant Estella Warner

(b) Address 1425 N. 21st St.

17. (a) Burial (Burial, cremation, or removal) Buried (b) Date thereof July 23/43
(Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cem

18. (a) Signature of funeral director F. G. Green

(b) Address 2915 Franklin Ave.

19. (a) JUL 10 1943 (Date received local registration) J. J. Budeck (Registrar's signature)

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? _____

While at work? _____ (Specify type of place) (e) Means of injury 0

23. Signature Alvin Moore (M. D. or other) _____
Address 601 N. Lott Date signed 7/15/43

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

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.....

G. A. Green

Licensed Embalmer No. *2963*

P. O. Address *2915 Franklin*

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.