

FILED DEC 29 1943 318

Registration District No. _____ Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County _____
(b) City or town Saint Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Peoples' Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day (Specify whether
In this community 27 years (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town Saint Louis (If outside city or town limits, write "RURAL") 17
(d) Street No. 4382 Cook Avenue (If rural, give location) 9 11
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME SAM WARREN

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

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife Effie Davis Warren 6. (c) Age of husband or wife if alive Unk. years
7. Birth date of deceased June 26, 1893
(Month) (Day) (Year)

8. AGE: Years 50 Months 5 Days 21 If less than one day hr. _____ min. _____

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

10. Usual occupation Welder

11. Industry or business Scullins Company

12. Name John Warren
13. Birthplace Corinth Mississippi
(City, town, or county) (State or foreign country)
14. Maiden name Cordelia Chambers
15. Birthplace Corinth Mississippi
(City, town, or county) (State or foreign country)

16. (a) Informant Eleanor Banks
(b) Address 4448 Page Boulevard

17. (a) Burial (b) Date thereof 12/22/43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director Charles J. Gates
(b) Address 4107 Finney Avenue

19. (a) DEC 29 1943 J. F. Budeck
(Date received locally) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 17th
year 1943 hour 6:00 minute A. M.

21. I hereby certify that I attended the deceased from 12-16
43, 1943 to 12-12-1943
that I last saw him alive on 12-16-1943
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Duration 2 day
Due to Lobar Pneumonia
left upper & part of left
Due to lower lobes

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy _____
108

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)
(c) Means of injury 0

23. Signature J. F. Budeck (M. D. or other) _____
Address 3200 Lucas Avenue Date signed 12/18/43

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

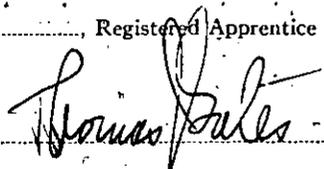
MOTHER, FATHER

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.....

Thomas J. Gabes....., Registered Apprentice No.....

working under my personal supervision.

Signed.....


Licensed Embalmer No. 4259.....

P. O. Address. 4107 Finney Avenue.....

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.