

Registration District No. 318

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis  
(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 10 mos 3 das.  
(Specify whether years, months or days)

In this community 79 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis (b) County 17  
(If outside city or town limits, write "RURAL")

(d) Street No. 3321 California Ave  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME Frank Warner

3. (b) If veteran, name war -

3. (c) Social Security No. -

4. Sex male 5. Color or race white

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

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

7. Birth date of deceased November 5 1865  
(Month) (Day) (Year)

8. AGE: Years 78 Months 3 Days 10 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Tire Salesman

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Charles Warner

13. Birthplace not known Germany  
(City, town, or county) (State or foreign country)

14. Maiden name not known

15. Birthplace not known  
(City, town, or county) (State or foreign country)

16. (a) Informant Thelma A. Singler

(b) Address 5409 Arsenal St

17. (a) Burial (b) Date thereof 2/18/44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Funget Burial Park

18. (a) Signature of funeral director John J. Ziegenhagen & Sons

(b) Address 427 Glasgow Ave

19. (a) FEB 18 1944 (b) J. F. Medeck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Febr day 15  
year 1944 hour 11:30 minute A. M.

21. I hereby certify that I attended the deceased from April 12 1943 to Febr 15 1944  
that I last saw h. 1m alive on Febr 15 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Senile Paresis Duration 10 mos x

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions 162  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy no

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? \_\_\_\_\_  
(Specify type of place) (e) Means of injury 0

23. Signature Valdemar Amundson Boroch (M. D. or other) \_\_\_\_\_  
Address 5400 Arsenal Date signed 2/15/44

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

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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.....

*C. P. Kidwell*

Licensed Embalmer No. *3877*

P. O. Address *7027 Gravois Ave*

**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.**