V. S. No. 2
100M—2-43
Rev. 5-17-39
I X35897

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 14 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 23530

Registration District No. _____ Primary Registration District No. 1003 Registrar's No. 6839

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: MISSOURI PACIFIC HOSPITAL
(If not in hospital or institution, write street number or location)

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

In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County 12 7

(c) City or town ST. LOUIS 2
(If outside city or town limits, write "RURAL")

(d) Street No. POPLAR BLUFF MO. GENERAL DEL.
(If rural, give location)

(e) Citizen of foreign country? N (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Ernest E. Warren.

3. (b) If veteran, name war NO

3. (c) Social Security No. NO.

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of husband or wife LOUISE WARREN

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

7. Birth date of deceased DECEMBER 18 1871 (Month) (Day) (Year)

8. AGE: Years 72 Months 7 Days 16 If less than one day _____ hr. _____ min.

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

10. Usual occupation ENGINEER RETIRED

11. Industry or business MO. PACIFIC R.R.

MOTHER FATHER

12. Name WESLEY WARREN.

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

14. Maiden name ELSIE PARKER

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

16. (a) Informant Mrs. ~~PARKER~~ Warren

(b) Address 1608 MENARD.

17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof AUG 5 - 44 (Month) (Day) (Year)

(c) Place: burial or cremation POPLAR BLUFF, MO.

18. (a) Signature of funeral director E. J. Schmur.

(b) Address 3125 Lafayette Ave.

19. (a) AUG 5 1944 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 3 year 1944 hour 11:35 minute 35 P.M.

21. I hereby certify that I attended the deceased from July 13, 1944, to August 2, 1944; that I last saw him alive on August 3, 1944; and that death occurred on the date and hour stated above.

Immediate cause of death: Cardiac Decompensation — Duration

Due to (1) Arteriosclerosis

(2) Syphilis

Due to _____

Other conditions NONE
(Include pregnancy within 3 months of death)

Major findings:
Of operations NONE

Of autopsy NONE

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 _____

23. Signature C. B. Scott M.D. (M. D. or other)

Address 1755 S. Grand Date signed 8-4-44

(Licensed Embalmer's Statement on Reverse Side)

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 Jos B Vollmer

Licensed Embalmer No. 4814

P. O. Address St Louis Mo.

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.