

S. No. 2
-12.45
5-17.39
PI X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 24 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42068
321
Registrar's No. 321

Registration District No. 317 Primary Registration District No. 6076

1. PLACE OF DEATH:
(a) County ST. LOUIS
(b) City or town MANCHESTER
(c) Name of hospital or institution: PINE CREST HOMES II
(d) Length of stay: In hospital or institution 5/4/46
In this community 12/15/46

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town 4569 Washington Blvd
(d) Street No. St. Louis
(e) Citizen of foreign country? no

3. (a) PRINT FULL NAME WARREN JAMES C.
3. (b) If veteran, name war. No. 3. (c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec day 15 year 1946 hour 7 minute 20 P.M.
21. I hereby certify that I attended the deceased from Feb 1946 to Dec 15 1946 that I last saw him alive on Dec 13 1946 and that death occurred on the date and hour stated above.

4. Sex MALE race W
5. Color or 6. (a) Single, widowed, married, divorced 3
6. (b) Name of husband or wife unk
7. Birth date of deceased Jan 26/ 1871

Immediate cause of death Senility
Due to generalized arteriosclerosis
Due to 97

8. AGE: Years 75 Months 0 Days 19 If less than one day hr. min.

9. Birthplace Missouri
10. Usual occupation Ret

Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy
PHYSICIAN Underline the cause to which death should be charged statistically.

MOTHER FATHER
11. Industry or business
12. Name John Warren G
13. Birthplace Union Missouri
14. Maiden name Mary McLeskey
15. Birthplace Union Missouri

16. (a) Informant Pine Crest Home Records
(b) Address Manchester, Missouri
17. (a) Burial (b) Date thereof 12/17/46
(c) Place: burial or cremation Oak Hill Cemetery

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

18. (a) Signature of funeral director Meyer, Plitzinger & Co.
(b) Address Kirkwood, Mo.
19. (a) 12-19-46 (b) Ruth J. Hollenbeck

While at work? (Specify type of place) (c) Means of injury
23. Signature A. L. Grier M.D. (M. D. or other)
Address 3507 P.O. Lane Date signed: 12-16-46

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
40875

JAN 13 1947

JAN 15 1947

MAR 3

1958

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 John M. Meyer

Licensed Embalmer No. 25288

P. O. Address. Kirkwood 22 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.