

S. No. 2  
 OM-2-43  
 v. 5-17-39  
 I X35597

DEPARTMENT OF COMMERCE  
 BUREAU OF THE CENSUS  
**FILED JAN 16 1947**

STATE BOARD OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **3419**  
 Registrar's No. **61**

Registration District No. **317**

Primary Registration District No. **3069**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD  
 3604 WASHINGTON 1, L.L. 7 PM '47

**1. PLACE OF DEATH:**  
 (c) County **St. Louis**  
 (b) City or town **Richmond Heights**  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: **St. Mary's Hospital**  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **1 day**  
(Specify whether years, months or days)

**3. (a) PRINT FULL NAME** **Ralph W. Warner**  
**3. (b) If veteran,** name war. **None**  
**3. (c) Social Security No.** **491-12-8705**

**4. Sex** **Male** **5. Color or race** **White**  
**6. (a) Single, widowed, married, divorced** **Married**  
**6. (b) Name of husband or wife** **Agnes Dean Warner**  
**6. (c) Age of husband or wife if alive** **75** years  
**7. Birth date of deceased** **June 10, 1871**  
(Month) (Day) (Year)

**8. AGE:**  
 Years **75** Months **6** Days **29**  
 If less than one day hr. min.

**9. Birthplace** **Omaha, Nebraska**  
(City, town, or county) (State or foreign country)

**10. Usual occupation** **Clerk**

**11. Industry or business** **Scholl Title Company**

**12. Name** **Erastus H. Warner**

**13. Birthplace** **New York**  
(City, town, or county) (State or foreign country)

**14. Maiden name** **Ella Barney**

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

**16. (a) Informant** **Mrs. Agnes Dean Warner**

**(b) Address** **4166 Russell Blvd.**

**17. (a) Burial** **(b) Date thereof Jan. 13, 1947**  
(Burial, cremation, or removal) (Month) (Day) (Year)

**(c) Place: burial or cremation** **Calvary Cemetery**

**18. (a) Signature of funeral director** **Wm. J. Robert L. & U. Co.**  
**(b) Address** **1905 So. Grand Blvd.**

**19. (a) 1-13-47** **(b) [Signature]**  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State **Missouri** (b) County **0-20**  
 (c) City or town **St. Louis** **17**  
(If outside city or town limits, write "RURAL")  
 (d) Street No. **4166 Russell Blvd.** **4**  
(If rural, give location)  
 (e) Citizen of foreign country? **1**  
(Yes or No)  
 If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month **January** day **9**  
 year **1947** hour **3** minute **05** P. M.

**21. I hereby certify that I attended the deceased from** **Jan 7, 1947** to **Jan 9, 1947**  
 that I last saw **in** alive on **Jan 9, 1947**  
 and that death occurred on the date and hour stated above  
 Immediate cause of death \_\_\_\_\_

**Due to** **Pneumococcus Meningitis**  
**Due to** \_\_\_\_\_  
**Other conditions** **Hypertensive Heart Disease**  
(Include pregnancy within 6 months of death)

**Major findings:**  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

**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)

**While at work?** \_\_\_\_\_  
(Specify type of place) (c) Means of injury  
**23. Signature** **[Signature]** (M. D. or other) \_\_\_\_\_  
**Address** **Humboldt Blvd** Date signed **1-10-47**

**Duration**  
 \_\_\_\_\_  
**PHYSICIAN**  
 \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

MAR 25 1947  
APR 2 1947

JAN 29 1947

**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 Ketter  
Licensed Embalmer No. 3880  
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.**