DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 15 1947

Registration District No. 318

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 26182

Registrar's No. 7306

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: 4643a South Grand Blvd.
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County

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

(d) Street No. 4643a South Grand Blvd. 1
15 (If rural, give location) 0

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Coralyn Maud Warren

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F.

5. Color or race W.

6. (a) Single, widowed, married, divorced W. 2

6. (b) Name of husband or wife Ned Warren

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

7. Birth date of deceased March 11th., 1867 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
80	4	22	hr. min.

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

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name Charles A. Holton
13. Birthplace (City, town, or county) Kansas (State or foreign country)

MOTHER
14. Maiden name Helen M. Stratford
15. Birthplace (City, town, or county) Missouri (State or foreign country)

16. (a) Informant's own signature Mrs. Isabel E. Jaeger
(b) Address 4643a South Grand Blvd.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-6-47 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Hill Cemetery

18. (a) Signature of funeral director Arthur J. Donnelly
(b) Address 3840 Lindell Blvd.

19. (a) AUG 5 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 3rd., year 1947 hour 10 minute 15 p. M.

21. I hereby certify that I attended the deceased from December 18, 1939, to August 3, 1947; that I last saw her alive on May 5, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: chronic myocarditis	chr.
Due to chronic Hypertension Senility	chr.
Due to chronic Interstitial Nephritis	chr.
Other conditions (Include pregnancy within 3 months of death): Apoplexy attacks in 1939 and 1945	

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) no
(b) Date of occurrence no
(c) Where did injury occur? none (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? none (Specify type of place)
While at work? (e) Means of injury

23. Signature Thomas C. St. John (M. D. or other)
Address Metropolitan Bldg. Date signed 8/4/47

(Licensed Embalmer's Statement on Reverse Side)

MARGIN RESERVED FOR BINDING

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

V. S. No. 2. 50M-5-17-39 Rev. 5-17-39 I X19511

Dr.T.C.St.John
Metro.Bldg. 1-4

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 Stanley Marshall

Licensed Embalmer No. 2868

P. O. Address 3840 Lindell

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, above space should be left blank.