

3. No. 2
-1/47
-17-39

10376

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED APR 14 1948
Registration District No. 877

Primary Registration District No. 2002

Registrar's No. 857

1. PLACE OF DEATH:

(a) County... St. Louis
(b) City or town... University City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution... Christian Old Peoples Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution... 9 years 8 months
(Specify whether _____)

In this community...
years, months or days

3. (a) PRINT FULL NAME... Mrs. Nannie Warren

3. (b) If veteran, name war... None 3. (c) Social Security No. None

4. Sex... Female 5. Color or race... White 6. (a) Single, widowed, married, divorced... Widowed

6. (b) Name of husband or wife... William J. Warren 6. (c) Age of husband or wife if alive... _____ years

7. Birth date of deceased... July 7, 1862
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
85 8 21 hr. min.

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

10. Usual occupation... Retired

11. Industry or business

12. Name... Rueben Johnson

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

14. Maiden name... Agnes Bryant

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

16. (a) Informant... Miss. Mary E. Craig

(b) Address... 6600 Washington Avenue

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof... March 29, 1948
(Month) (Day) (Year)

(c) Place: burial or cremation... Paris, Tennessee

18. (a) Signature of funeral director... Shepard Funeral Home
(b) Address... 1167 Hamilton Avenue.

19. (a) 4-6-48 (Date received local registrar) (b) Cecily Shapthorn (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State... Missouri (b) County... St. Louis 96
(c) City or town... University City 3
(If outside city or town limits, write "RURAL")
(d) Street No... 6600 Washington Avenue 5
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month... March day... 28, 1948
year... _____ hour... 6:30 minute... A M.

21. I hereby certify that I attended the deceased from Mar. 16
1948 to Mar. 27, 1948
that I last saw her alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death... Cardiac Regeneration 14 hr.
Duration

Due to... Senility

Due to... 930

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

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause of 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... _____

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? _____ (e) Means of injury _____

23. Signature... J. Phypars (M. D. or other) _____
Address... 607 N. Howard Date signed 2.25.48

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

MOTHER FATHER

OCT 3 1952

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 J. Demerby

Licensed Embalmer No. *4194*

P. O. Address.....

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.