

Registration District No. 318

Primary Registration District No. 1003

State File No. _____
Registrar's No. _____

1. PLACE OF DEATH:

(a) County _____

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
City Sanitarium 0
(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 Missouri (b) County Howe 96

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

(d) Street No. 2604 Salem
N.R. (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No) _____
If yes, name country _____

3. (a) PRINT FULL NAME Henrietta S. Warner

3. (b) If veteran, name war None

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 21st
year 1948 hour 1:25 minute _____ P M.

21. I hereby certify that I attended the deceased from August 26, 1944, to June 21, 1948
and that death occurred on the date and hour stated above. er June 21, 1948

4. Sex Female 5. Color or race White

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

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

7. Birth date of deceased September 28, 1869
(Month) (Day) (Year)

Immediate cause of death _____ Duration _____
Arteriosclerotic Heart Disease 1944x
Senility

Due to _____

Due to _____

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

8. AGE: Years Months Days If less than one day
78 8 23 hr. _____ min.

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

10. Usual occupation None

Major findings: _____

Of operations _____

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

11. Industry or business _____

12. Name Casmer Kroener

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

14. Maiden name Unk.

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

16. (a) Informant Mrs. Al H. Julius

(b) Address 2604 Salem Rd.,

17. (a) Burial (b) Date thereof 6-23-48
(Burial, cremation, or removal) (Month) (Day) (Year)
Sunset Burial Park

(c) Place: burial or cremation _____

18. (a) Signature of funeral director Southern Funeral Home

(b) Address 6322 S. Grand Blvd.,

19. (a) JUN 22 1948 (b) J.F. Fredrick
(Date received local registrar) (Registrar's signature)

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? _____ (e) Means of injury _____

23. Signature J. Schlenker (M. D. or other) _____
Address City Sanitarium Date signed _____

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

MOTHER FATHER

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.....

J. Wm. Binkley

Licensed Embalmer No. *2653*

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.