No. 300
10.48

FILED MAR 5 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6849

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 1302

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1. PLACE OF DEATH
a. COUNTY: MO PACIFIC HOSP
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST. LOUIS
c. LENGTH OF STAY (In this place): 1 WEEK
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1L

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MO
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST LOUIS 2239
d. STREET ADDRESS (If rural, give location): 23 2622 LAFAYETTE

3. NAME OF DECEASED (Type or Print)
a. (First): WM
b. (Middle): LEE
c. (Last): WARREN

4. DATE OF DEATH (Month) (Day) (Year): Feb 7 1952

5. SEX: M
6. COLOR OR RACE: WH
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): M
8. DATE OF BIRTH: NOV. 16 1895
9. AGE (In years last birthday): 56 — IF UNDER 1 YEAR: Months 3, Days 14 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): MAIL HANDLER
10b. KIND OF BUSINESS OR INDUSTRY: TERMINAL R.R.
11. BIRTHPLACE (State or foreign country): TENN.
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: JOHN WARREN
13b. MOTHER'S MAIDEN NAME: MARY BOELS
14. NAME OF HUSBAND OR WIFE: ELIZABETH

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): WORLD WAR I
16. SOCIAL SECURITY NO.: 497-09-3973
17. INFORMANT'S SIGNATURE OR NAME: ELIZABETH WARREN
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Broncho pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 48 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriolar Nephrosclerosis — many years
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

446-X

22. *I hereby certify that I attended the deceased from* Jan 31, 1952, *to* Feb 7, 1952, *that I last saw the deceased alive on* Feb 7, 1952, *and that death occurred at* 8:55 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Leland B. Hasto MD
23b. ADDRESS: Mo Pac Hosp
23c. DATE SIGNED: 2/9/52

24a. BURIAL, ~~CREMATION, REMOVAL~~ (Specify): 0
24b. DATE: FEB-11-52
24c. NAME OF CEMETERY ~~OR CREMATORY~~: NATIONAL
24d. LOCATION (City, town, or county) (State): ST. LOUIS MO

DATE REC'D BY LOCAL REG.: FEB 11 1952
REGISTRAR'S SIGNATURE: J Carl Smith MD
25. FUNERAL DIRECTOR'S SIGNATURE: McLAUGHLIN FUNERAL HOME, INC.
ADDRESS: 2301 LAFAYETTE

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed F. G. Fassus

Signed.....
Student Embalmer

Licensed Embalmer No. 3384

P. O. Address 3301 Lafayette

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.