

FILED MAR 19 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 11163

BIRTH NO. _____		REG. DIST. NO. <u>317</u>	PRIMARY REG. DIST. NO. <u>3069</u>	Registrar's No. <u>360</u>
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Richmond Heights</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Richmond Heights</u>		
c. LENGTH OF STAY (in this place) <u>50 Yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>1248 Moorland Drive</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1248 Moorland Drive</u>		d. STREET ADDRESS <u>1248 Moorland Drive</u>		
3. NAME OF DECEASED a. (First) <u>Mary</u>		b. (Middle) _____		c. (Last) <u>Warren</u>
4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 9, 1952</u>				
5. SEX <u>F.</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Sept. 29, 1876</u>	9. AGE (In years last birthday) <u>75</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At Home</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Ireland</u>	
13a. FATHER'S NAME <u>John Flynn</u>		13b. MOTHER'S MAIDEN NAME <u>Dont Know</u>		14. NAME OF HUSBAND OR WIFE <u>Dennis Warren</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mary Warren</u> ADDRESS <u>1248 Moorland Drive</u>
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Diabetes Mellitus</u> ANTECEDENT CAUSES <u>a complication</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <u>10 yrs.</u>
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>None</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____
22. I hereby certify that I attended the deceased from <u>Nov. 18, 1951</u> , to <u>Feb. 8, 1952</u> , that I last saw the deceased alive on <u>Feb. 8, 1952</u> , and that death occurred at <u>12:15 Am.</u> , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <u>Joseph R. Uncker, M.D.</u>		23b. ADDRESS <u>1303 N. King Highway</u>		23c. DATE SIGNED <u>2/9/52</u>
24a. BURIAL/CREMATION REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb. 11, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>
24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>				
DATE REC'D BY LOCAL REG. <u>2-9-52</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Danks, M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Arthur J. Donnelly</u> ADDRESS <u>3840 Lindell</u>

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

Dr. J. R. MACRO  
1303 No. Kingsley Highway  
To: 1209

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. 4699

P. O. Address St. Charles

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.