

S. No. 300
V. 10-48

FILED MAR 19 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11205

State File No.

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3070 Registrar's No. 180

1. PLACE OF DEATH
a. COUNTY St Louis

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo b. COUNTY St Louis

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Webster Groves c. LENGTH OF STAY (In this place)

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Webster Groves 19 4577

d. FULL NAME OF HOSPITAL OR INSTITUTION 904 YEATMAN AVE d. STREET ADDRESS (If rural, give location) 57 904 YEATMAN AVE

3. NAME OF DECEASED
a. (First) HENRY b. (Middle) HORN c. (Last) WARNER

4. DATE OF DEATH (Month) (Day) (Year) 1 21 52

5. SEX M 6. COLOR OR RACE W 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED 1 8. DATE OF BIRTH Nov 28, 1866 9. AGE (In years last birthday) 85 10. MONTHS 1 11. HOURS 1 12. MIN. 1

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk (Retired 21 yrs) 10b. KIND OF BUSINESS OR INDUSTRY DRY GOODS (WHD) 11. BIRTHPLACE (State or foreign country) MOBILE ALA 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Henry WARNER 13b. MOTHER'S MAIDEN NAME MARTHA D.P. HORN 14. NAME OF HUSBAND OR WIFE MARY RILEY WARNER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No 16. SOCIAL SECURITY NO. None 17. INFORMANT'S SIGNATURE OR NAME George Warner ADDRESS 904 Yeatman St. S.

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, asphyxia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Edema of lower extremities
ANTECEDENT CAUSES chest pain indicated
DUE TO (b) death due to
DUE TO (c) coronary thrombosis

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 did not see patient before death. 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) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? 4201

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 6:00 A.M., from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title) _____ 23b. ADDRESS 132 W. Big Bend 23c. DATE SIGNED 1/21/52

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 24b. DATE _____ 24c. NAME OF CEMETERY OR CREMATORY LAKE CHARLES 24d. LOCATION (City, town, or county) (State) WELLSTON, ST LOUIS CO., MO

DATE REC'D BY LOCAL REG 1-22-52 REGISTRAR'S SIGNATURE Herbert R. Donke MD 25. FUNERAL DIRECTOR'S SIGNATURE MITTELBERG FUN'L HOME ADDRESS Webster Groves

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

SC

19 Mo

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 Me

working under my personal supervision.

Student Embalmer No.....

Signed Etienne P. Benelicio

Signed.....
Student Embalmer

Licensed Embalmer No. 4283

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.