

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18662

FILED JUN 6 1952

State File No. 4553

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis, Mo.		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis		2109	
d. FULL NAME OF HOSPITAL OR INSTITUTION: 4528 Ashland Ave.				d. STREET ADDRESS (If rural, give location) 10 4528 Ashland Ave.			
3. NAME OF DECEASED (Type or Print) a. (First) General		b. (Middle) Ul.		c. (Last) Warren.		4. DATE OF DEATH (Month) (Day) (Year) May, 15, 1952	
5. SEX Male		6. COLOR OR RACE Colored		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Divorced		8. DATE OF BIRTH April 11, 1892	
9. AGE (In years last birthday) 60 yrs		IF UNDER 1 YEAR Months 1		IF UNDER 1 YEAR Days 4		IF UNDER 1 YEAR Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Man		10b. KIND OF BUSINESS OR INDUSTRY Hotel		11. BIRTHPLACE (State or foreign country) Columbia, Miss.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME James Warren			13b. MOTHER'S MAIDEN NAME Rosie Dukes			14. NAME OF HUSBAND OR WIFE Divorced.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 416-363157		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Rebecca Brown 4528 Ashland			
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) Cancer of the Stomach ANTECEDENT CAUSES 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. Vascular Hypertens				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				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) (Min.) _____	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 151X					
22. I hereby certify that I attended the deceased from 5/1, 1952 , to 5/15, 1952 , that I last saw the deceased alive on 5/14, 1952 , and that death occurred at 12 Pm. , from the causes and on the date stated above.							
23a. SIGNATURE W.C. Bridges (Degree or title) _____				23b. ADDRESS 941 W. Park St		23c. DATE SIGNED _____	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE May 18, 1952		24c. NAME OF CEMETERY OR CREMATORY Washington Park Cem'		24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.	
DATE REC'D BY LOCAL REG. MAY 16 1952		REGISTRAR'S SIGNATURE Carl Smith		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS McMoses Adams 3849 Windsor Pl			

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

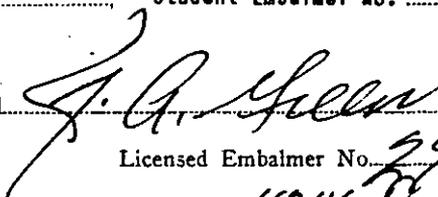
(Licensed Embalmer's Statement on Reverse Side) **By C.S.A.**

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. 2963

P. O. Address 4214 Belmont

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.