.S. No. 300
Rev. 10.48

FILED AUG 12 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26668

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 548 Registrar's No. 2098

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Webster Groves
c. LENGTH OF STAY (in this place) 10 Yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 243 Kerruish Pl.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo.
b. COUNTY St. Louis 4-87
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Webster Groves 58 0
d. STREET ADDRESS (If rural, give location) 243 Kerruish Pl

3. NAME OF DECEASED (Type or Print)
a. (First) ROBERT b. (Middle) TUCKER c. (Last) WARNER

4. DATE OF DEATH (Month) (Day) (Year) 8-5-1952

5. SEX M
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 12-23-1893
9. AGE (In years last birthday) 58 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Partnership
10b. KIND OF BUSINESS OR INDUSTRY Paper Products
11. BIRTHPLACE (City and State or Foreign Country) Kirkwood Mo.
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Wilbur F Warner
13b. MOTHER'S MAIDEN NAME Florence Waide
14. NAME OF HUSBAND OR WIFE Mary Lee Warner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) World War 1
16. SOCIAL SECURITY NO. 488-12-4541
17. INFORMANT'S SIGNATURE OR NAME Mary Lee Warner ADDRESS 243 Kerruish Pl.

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) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: Instant

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) 4201
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?

22. *I hereby certify that I attended the deceased from* 8/5, 1952, *to* 8/5, 1952, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* 7:00 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Sim F Hearn M.D.
23b. ADDRESS 35 N Central - Clayton Mo
23c. DATE SIGNED 8/6/52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 8-7-1952
24c. NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery
24d. LOCATION (City, town, or county) (State) Kirkwood Mo.

DATE REC'D BY LOCAL REG. 8-6-52
REGISTRAR'S SIGNATURE Herbert R. Domke M.D. SW
25. FUNERAL DIRECTOR'S SIGNATURE Parker Aldrich F. Home, ADDRESS Webster Groves Mo.

(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.....

..... Student Embalmer No. .....

working under my personal supervision.

Student .....
Student Embalmer

Signed Leslie Welch

Licensed Embalmer No. 4395

P. O. Address Webster Groves

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.