

STANDARD CERTIFICATE OF DEATH

27003

State File No. _____

No. 300
10-48

FILED JUL 31 1953

BIRTH NO. 39985 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 6040

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

| | | | |
|--|--|--|--|
| 1. PLACE OF DEATH a. COUNTY _____ b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis, Missouri</u> c. LENGTH OF STAY (In this place) _____ d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis City Hospital</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY _____ c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> d. STREET ADDRESS (If rural, give location) <u>24 2817 Lyon</u> | |
| 3. NAME OF DECEASED a. (First) _____ b. (Middle) _____ c. (Last) <u>WARTHEN</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 28 1953</u> | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u> | 8. DATE OF BIRTH <u>May 28, 1963</u> |
| 9. AGE (In years) (last birthday) _____ If under 1 year: _____ If under 1 mo.: _____ | | 10. CITIZEN OF WHAT COUNTRY? <u>USA</u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u> | | 10b. KIND OF BUSINESS OR INDUSTRY _____ | |
| 11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | |
| 13a. FATHER'S NAME <u>Oral</u> | | 13b. MOTHER'S MAIDEN NAME <u>Rosetta Owens</u> | |
| 14. NAME OF HUSBAND OR WIFE _____ | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | |
| 16. SOCIAL SECURITY NO. _____ | | 17. INFORMANT'S SIGNATURE OR NAME <u>Hospital Record</u> | |
| 17. 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, asthma, etc. It means the disease, injury, or complication which caused death. | |
| 18. CAUSE OF DEATH I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Prematurity</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | 19. DATE OF OPERATION _____ | |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION _____ | |
| 19c. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | 20. MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH _____ | |
| 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? <u>776X</u> | |
| 22. I hereby certify that I attended the deceased from <u>5-28-53</u> , 19 <u>53</u> , to <u>5-28-53</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>5-28-53</u> , 19 <u>53</u> , and that death occurred at <u>3:50P</u> m., from the causes and on the date stated above. | | | |
| 23a. SIGNATURE <u>Jack C. Bass, M.D.</u> | | 23b. ADDRESS <u>1515 Lafayette Avenue</u> | |
| 23c. DATE SIGNED <u>5-29-53</u> | | 24a. BURYAL, CREMATION, REMOVAL (Specify) _____ | |
| 24b. DATE <u>6-30-53</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Anatomical Board</u> | |
| 24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Rowland 404 Manchester</u> | |
| 25. ADDRESS _____ | | DATE REC'D BY LOCAL REG. <u>JUN 17 1953</u> | |
| REGISTRAR'S SIGNATURE <u>J. Carl Smith MO</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Rowland 404 Manchester</u> | |

(Licensed Embalmer's Statement on Reverse Side)

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. _____

P. O. Address _____

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.