

FILED OCT 23 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37685

State File No.

9844

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 township) OR TOWN ST. LOUIS, MISSOURI	c. LENGTH OF STAY (In this place)	c. CITY OR TOWN ST. LOUIS	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION BARNES HOSPITAL		e. STREET ADDRESS (If rural, give location) 2926 Lucas Ave	

3. NAME OF DECEASED (Type or Print)		a. (First) HEZIKIAH	b. (Middle) NMN	c. (Last) WARREN	4. DATE OF DEATH (Month) (Day) (Year) OCTOBER 14, 1953	
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Jan. 12, 1907		9. AGE (In years last birthday) 46 If UNDER 1 YEAR: Months _____ Days _____ If UNDER 4 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (City and State or Foreign Country) / Miss		12. CITIZEN OF WHAT COUNTRY? U S A

13a. FATHER'S NAME Mose Warren	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Hannah Warren
--	---	---

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. 490.38.3949	17. INFORMANT'S SIGNATURE OR NAME Hannah Warren	ADDRESS 2926 Lucas Ave
---	---	---	----------------------------------

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		INTERVAL BETWEEN ONSET AND DEATH 2 DAYS
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) BRONCHOPNEUMONIA & THROMBOSIS OF LUNGS		
	ANTECEDENT CAUSES DUE TO (b) NEPHRITIS UNSPECIFIED Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) OTHER CHRONIC NEPHRITIS		15 YEARS 15 YEARS

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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? 592x

22. I hereby certify that I attended the deceased from **OCTOBER 13, 1953**, to **OCTOBER 14, 1953**, that I last saw the deceased alive on **OCTOBER 14, 1953**, and that death occurred at **4:02 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE William N. Blalock (Degree or title) M.D.	23b. ADDRESS BARNES HOSPITAL	23c. DATE SIGNED 10-14-53
---	--	-------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Oct 13, 53	24c. NAME OF CEMETERY OR CREMATORY Oakdale Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis County Mo
---	--------------------------------	---	---

DATE REC'D BY LOCAL REG. OCT 15 1953	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE [Signature]	ADDRESS Boyd Bros Funeral Home 3706 Finney Ave
--	---	--	--

(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.....
Signature of Student Embalmer

Signed *Henry C. Williams*.....

Licensed Embalmer No....4781....

P. O. Address 1205 Walton Ave.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.