

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **6921**
Registrar's No. **1077**

BIRTH NO. **FILED MAR 4 1954** REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

61

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

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY	
b. CITY OR TOWN St. Louis		c. CITY OR TOWN St. Louis	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION 1127 No. 6 St 25		e. STREET ADDRESS 1127 No. 6 St 25	
3. NAME OF DECEASED a. (First) Horace b. (Middle) Lundy c. (Last) Warren		4. DATE OF DEATH (Month) (Day) (Year) 7 14 54	
5. SEX Male	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 11 18 92
9. AGE (In years to birthday) 62	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) W	10b. KIND OF BUSINESS OR INDUSTRY W	11. BIRTHPLACE (City and State or Foreign Country) Ill
12. CITIZEN OF WHAT COUNTRY U.S.A.	13a. FATHER'S NAME W	13b. MOTHER'S MAIDEN NAME W	14. NAME OF HUSBAND OR WIFE W
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown) W	16. SOCIAL SECURITY NO. W	17. INFORMANT'S SIGNATURE OR NAME ADDRESS L. O. Smith 1300 Clark	
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. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) Arterio Sclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Heart Disease			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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR 4200	
22. I hereby certify that I attended the deceased from 19 to 19 , that I last saw the deceased alive on 7 20 , 19 54 , and that death occurred at 7:20 a.m., from the causes and on the date stated above.			
23a. SIGNATURE Jacob P. Taylor (Degree or title) Coroner		23b. ADDRESS 1300 Clark	23c. DATE SIGNED 7-28-54
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE 2-27-54	24c. NAME OF CEMETERY OR CREMATORY ANANIMUS OVA	24d. LOCATION (City, town, or county) (State) St. Louis, Mo.
DATE REC'D BY LOCAL REG. FEB 3 1954	REGISTRAR'S SIGNATURE J. C. Smith	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Reviand-Aker Mortuary Service 4104 Manchester Ave. St. Louis 10, 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, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Frank C. Merrick*

Licensed Embalmer No. *4854*

P. O. Address *St. Louis*

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.