

FILED JUN 8 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **17563**

BIRTH NO. **409112-54** REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **500** Registrar's No. **1209**

1. PLACE OF DEATH a. COUNTY <b>ST. LOUIS</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MO. MISSOURI</b> COUNTY <b>2069</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>NORMANDY</b>		c. CITY OR TOWN <b>St. Louis</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF (If not hospital or institution) <b>NORMANDY OSTEOPATHIC HOSPITAL</b>		STREET ADDRESS (If rural, give location) <b>5052 ST. LOUIS AVE.</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>INFANT</b> b. (Middle) <b>WARREN</b> c. (Last) <b>WARREN</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>5-24-54</b>			
5. SEX <b>F Female</b>	6. COLOR OR RACE <b>W White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <b>5-23-1954</b>	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months Days	IF UNDER 6 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>None</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Missouri</b>		12. CITIZENSHIP OF WHAT COUNTRY <b>U.S.A.</b>

13a. FATHER'S NAME <b>Talmadge WARREN</b>		13b. MOTHER'S MAIDEN NAME <b>Nesler</b>		14. NAME OF HUSBAND OR WIFE <b>NONE</b>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>	16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Talmadge Warren</b>		5052 ADDRESS <b>St. Louis</b>
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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* <b>Pulmonary atelectasis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 hr.</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>absence left hemidiaphragm</b>		<b>1 hr.</b>
	DUE TO (c) <b>absence ventricular septum</b>		<b>1 hr.</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>maternal polyhydramnios</b>		<b>1 mo.</b>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>7620</b>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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) <b>7620</b>
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?

22. I hereby certify that I attended the deceased from **5-23**, 19**54**, to **5-24**, 19**54**, that I last saw the deceased alive on **5-24**, 19**54**, and that death occurred at **12:16 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Harold J. Elm 2nd D.O.</b>	23b. ADDRESS <b>6401 W. Florissant</b>	23c. DATE SIGNED <b>5-24-54</b>
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24a. BURIAL / CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>5/24/54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Memorial Park Cem.</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis County Mo.</b>
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DATE REC'D BY LOCAL REG. <b>5-24-54</b>	REGISTRAR'S SIGNATURE <b>Herbert R. Pomke M.D.</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Drehmann-Harral</b>	ADDRESS <b>1905 Union Blvd.</b>
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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 Warren A. Carve

Licensed Embalmer No. 35

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