

FILED SEP 28 1954

STANDARD CERTIFICATE OF DEATH

32485

State File No.

BIRTH NO.		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>542</u>		Registrar's No. <u>2170</u>			
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u>				b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give street(s)) <u>Ferguson</u>			c. LENGTH OF STAY (in this place) <u>6yrs</u>	c. CITY OR TOWN <u>Ferguson</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>318 Plaza Avenue</u>				e. STREET ADDRESS (If rural, give location) <u>318 Plaza Avenue</u>					
3. NAME OF DECEASED (Type or Print)		a. (First) <u>WALTER</u>		b. (Middle) <u>GEORGE</u>		c. (Last) <u>WARNER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 11, 1954</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Aug. 14, 1888</u>		9. AGE (in years last birthday) <u>66</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Maintenance Foreman</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>n Daybright Co.</u>	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>Charles Warner</u>			13b. MOTHER'S MAIDEN NAME <u>Kathryn English</u>		14. NAME OF HUSBAND OR WIFE <u>Virginia Arant Warner</u>				
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. <u>+97-09-5960</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Walter Warner</u>		ADDRESS <u>Ferguson, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line (a), (b), and (c) <i>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>			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>					INTERVAL BETWEEN ONSET AND DEATH <u>15 min.</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) _____						
			II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Coronary Thrombosis</u>						
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>						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?					
22. I hereby certify that I attended the deceased from <u>Sept. 9, 1954</u> , to <u>Sept. 11, 1954</u> , that I last saw the deceased alive on <u>Sept. 9, 1954</u> , and that death occurred at <u>3:20 P.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Jack Steele, M.D.</u>				23b. ADDRESS <u>40 N. Florissant, Ferguson</u>		23c. DATE SIGNED <u>9-13-54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9-15-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Lebanon</u>		24d. LOCATION (City, town, & county) (State) <u>St. Louis Co., Missouri</u>				
DATE REC'D BY LOCAL REG. <u>9-14-54</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Domb, M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>WHITE CHAPEL, FERGUSON, MISSOURI</u>		ADDRESS			

522 (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 *Eleanore Province*.....

Licensed Embalmer No. *3402*

P. O. Address *Jennings*.....

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.