

FILED NOV 22 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **39342**  
Registrar's No. **10329**

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		State File No. <b>39342</b>		Registrar's No. <b>10329</b>					
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY									
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <b>St. Louis</b>		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 <b>1240 N. Leffingwell</b>				e. STREET ADDRESS (If rural, give location) <b>21 1240 N. Leffingwell 22190</b>									
3. NAME OF DECEASED (Type or Print) <b>Lena</b>			a. (First)			b. (Middle)			c. (Last) <b>Warner</b>				
4. DATE OF DEATH <b>11-11-54</b>			5. SEX <b>Female</b>			6. COLOR OR RACE <b>Negro</b>			7. MARRIED, NEVER MARRIED, <input checked="" type="checkbox"/> WIDOWED, DIVORCED (Specify) <b>Widowed</b>				
8. DATE OF BIRTH <b>5-28-1896</b>			9. AGE (In years last birthday) <b>58</b>			10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>			10b. KIND OF BUSINESS OR INDUSTRY				
11. BIRTHPLACE (City and State or Foreign Country) <b>Indiana* Indiana</b>				12. CITIZEN OF WHAT COUNTRY? <b>USA</b>				13a. FATHER'S NAME <b>Charlie Shelby</b>		13b. MOTHER'S MAIDEN NAME <b>Josephine Hawkins</b>		14. NAME OF HUSBAND OR WIFE	
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>Georgia Davis</b> ADDRESS <b>2729 Eugenia St</b>							
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.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Uremia</b> ANTECEDENT CAUSES <b>Chronic Glomerulonephritis</b> DUE TO (b) <b>Diabetes Mellitus</b> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Diabetes Mellitus</b>								INTERVAL BETWEEN ONSET AND DEATH <b>7 days</b> <b>? Years</b> <b>? Years</b>	
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) (Minute) <b>592X</b>						
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 <b>July 1950</b> , to <b>Nov. 11, 1954</b> , that I last saw the deceased alive on <b>Nov. 10, 1954</b> , and that death occurred at <b>5:25A m.</b> , from the causes and on the date stated above.													
23a. SIGNATURE <b>Chas. P. Forde, M.D.</b> (Degree or title)						23b. ADDRESS <b>2746<sup>th</sup> Franklin Ave</b>			23c. DATE SIGNED <b>11-13-54</b>				
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>11-16-54</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Washington Park Cem</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Mo</b>							
DATE REC'D BY LOCAL REG. <b>NOV 15 1954</b>		REGISTRAR'S SIGNATURE <b>Charles Smith</b>			25. FUNERAL DIRECTOR'S SIGNATURE <b>Russell Und., Co.</b> ADDRESS <b>2732 Pine</b>								

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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

*James A. Carter*

Licensed Embalmer No. *460*

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.