

XC-

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24528

Reg. No. 9521 SL-6355

State File No.

FILED AUG 2 - 1955

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1008

Registrar's No. 6047

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If Institution: residence before -a. STATE MISSOURI b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN 915 N. Grand, St. Louis, Mo.		c. LENGTH OF STAY (in this place) 9 days		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSP		e. STREET ADDRESS (If rural, give location) 21 3139 LACLEDE		22190	
3. NAME OF DECEASED (Type or Print) a. (First) DAVID		b. (Middle)		c. (Last) WARREN	
4. DATE OF DEATH (Month) (Day) (Year) 7-10-55		5. SEX MALE		6. COLOR OR RACE NEGRO	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) DIVORCED		8. DATE OF BIRTH 10-27-1917		9. AGE (In years last birthday) 37	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ELEVATOR OPERATOR		10b. KIND OF BUSINESS OR INDUSTRY UNKNOWN		11. BIRTHPLACE (City and State or Foreign Country) MARIANNA, ARKANSAS	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME JAMES WARREN		13b. MOTHER'S MAIDEN NAME ELIZABETH PALM	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES		16. SOCIAL SECURITY NO. UNKNOWN	
17. INFORMANT'S SIGNATURE OR NAME VA HOSP. RECORDS, ST. LOUIS, MO.		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) Terminal Broncho-Pneumonia		INTERVAL BETWEEN ONSET AND DEATH 8 Hours			
ANTECEDENT CAUSES DUE TO (b) Pulmonary Congestion					
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) Malignant Hypertension with Hypertensive Cardio Vascular Disease, Arteriolar Nephrosclerosis		2 Months			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
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) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR 447X	
22. I hereby certify that I attended the deceased from 7-1-55, 19, to 7-10-55, 19, and that death occurred at 5:10p m., from the causes and on the date stated above.					
23a. SIGNATURE J. K. Kannerkar (Degree or title) M.D.		23b. ADDRESS VA HOSP. 915 N. Grand, St. Louis, Mo.		23c. DATE SIGNED 7-10-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 7-14-55		24c. NAME OF CEMETERY OR CREMATORY National Cem.	
24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.		DATE REC'D BY LOCAL REG. JUL 13 1955		REGISTRAR'S SIGNATURE J. Carl Smith, M.D.	
25. FUNERAL DIRECTOR'S SIGNATURE G. Wade Granberg		ADDRESS 4202 Finney			

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 *Melvin E. Gre*.....
Licensed Embalmer No. *44*.....

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.