

FILED DEC 2 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **39012****318**PRIMARY REG. DIST. NO. **1003**Registrar's No. **10274**

BIRTH NO.

REG. DIST. NO.

PRIMARY REG. DIST. NO.

Registrar's No.

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis, Mo.**

c. LENGTH OF STAY (in this place)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

a. STATE

ILLINOIS

b. COUNTY

WASHINGTON

c. CITY OR TOWN

ADDIEVILLEd. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

BARNES HOSPITAL

e. STREET ADDRESS (If rural, give location)

912⁰⁸

3. NAME OF DECEASED (Type or Print)

a. (First)

John

b. (Middle)

H

c. (Last)

Warntjen

4. DATE OF DEATH (Month) (Day) (Year)

November 24, 1955

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

JAN 4 - 1871

9. AGE (in years less birthday)

84

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

MERCHANT

10b. KIND OF BUSINESS OR INDUSTRY

GROCERY

11. BIRTHPLACE (City and State or Foreign Country)

GERMANY

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

JOHN F. WARTJEN

13b. MOTHER'S MAIDEN NAME

HELENA THIEN

14. NAME OF HUSBAND OR WIFE

SOPHIA

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or Unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

UNKNOWN

17. INFORMANT'S SIGNATURE OR NAME ADDRESS

SOPHIA WARTJEN ADDIEVILLE, ILL.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

MEDICAL CERTIFICATION

INTERVAL BETWEEN ONSET AND DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)

Coronary Thrombosis**13 days**

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) **Arteriosclerotic Heart Disease****3 yrs.**DUE TO (c) **Generalized Arteriosclerosis****3+ yrs.**

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

420-0

20. AUTOPSY?

YES NO

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 NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Nov. 12, 1955**, to **Nov. 24, 1955**, that I last saw the deceased alive on **Nov. 24, 1955**, and that death occurred at **7:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)

David Rafe Kerr MD

23b. ADDRESS

BARNES HOSPITAL

23c. DATE SIGNED

11/24/55

24a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

24b. DATE

11/25/55

24c. NAME OF CEMETERY OR CREMATORY

Zion Evangelical

24d. LOCATION (City, town, or county) (State)

Washington County Ill

DATE REC'D BY LOCAL REG.

NOV 25 1955

REGISTRAR'S SIGNATURE

J. Carl Smith MD

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS

John A. Oynoch East St. Louis Mo

(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 *John A. Gouroski*.....
Licensed Embalmer No.....

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.