

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED OCT 16 1956

State File No. **36361**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **8743**

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

| | | | |
|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY _____ b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis c. LENGTH OF STAY (If applicable) 1 WK. d. FULL NAME OF HOSPITAL OR INSTITUTION St. Anthony Hosp. 2970 6612 Michigan | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY St. Louis c. CITY OR TOWN St. Louis d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> e. STREET ADDRESS (If rural, give location) 6612 Michigan | |
| 3. NAME OF DECEASED (Type or Print) L. DIA WARREN | | 4. DATE OF DEATH (Month) (Day) (Year) Sept. 20 1956 | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | 8. DATE OF BIRTH Nov. 1 1876 |
| 9. AGE (In years) (If years, give months, days, hours, minutes) 79 | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ret | | 10b. KIND OF BUSINESS OR INDUSTRY nil |
| 11. BIRTHPLACE (City and State or Foreign Country) Missouri | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 13a. FATHER'S NAME Sinkman | 13b. MOTHER'S MAIDEN NAME unknown | 14. NAME OF HUSBAND OR WIFE John | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | 16. SOCIAL SECURITY NO. NONE | 17. INFORMANT'S SIGNATURE OR NAME LORINE YGLESIAS ADDRESS 6612 Michigan | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Intertrochanteric fracture of right femur II. ACCIDENT CAUSES falling III. OTHER SIGNIFICANT CONDITIONS myocardial insufficiency *Morbid conditions, if any, giving rise to the above cause, including the underlying cause(s). DUE TO (b) Hypertensive heart disease - terminal DUE TO (c) myocardial insufficiency | | MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH 6 days 5 yrs 3 days | |
| 19a. DATE OF OPERATION _____ | 19b. MAJOR FINDINGS OF OPERATION _____ | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> E9030 20 | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) at home | 21c. (CITY) TOWN, OR TOWNSHIP (COUNTY) (STATE) St. Louis Mo Mo | 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 9 14 56 4P. |
| 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | 21f. HOW DID INJURY OCCUR? fell on floor | | 22. I hereby certify that I attended the deceased from Jan 1955 , to Sept 20 1956 , that I last saw the deceased alive on Sept 20 1956 , and that death occurred at 5:48 p.m. , from the causes and on the date stated above. |
| 23a. SIGNATURE (Degree or title) George A. O'Sullivan, M.D. | | 23b. ADDRESS 7629 Dorsey St. Louis Mo | 23c. DATE SIGNED 9-21-56 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL | 24b. DATE 9/23/56 | 24c. NAME OF CEMETERY OR CREMATORY Warren Cem. | 24d. LOCATION (City, town, or county) (State) St. Louis Mo |
| DATE REC'D BY LOCAL REG. SEP 22 1956 | REGISTRAR'S SIGNATURE J. Earl Smith, M.D. | 25. FUNERAL DIRECTOR'S SIGNATURE JOS. P. FENDLER JR. ADDRESS 7128 MICHIGAN | |

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 *Clarena Kuchon*.....

Licensed Embalmer No. *309*.....

P. O. Address *7128 Me*.....

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.