

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED MAR 18 1957

11250  
State File No. 1688  
Registrar's No.

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>1688</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 type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Lukes Hospital</b>				e. STREET ADDRESS (If rural, give location) <b>5885 Minerva Av.</b>					
3. NAME OF DECEASED (Type or Print) <b>Genevieve A. Warner</b>			a. (First)		b. (Middle)		c. (Last)		
4. DATE OF DEATH <b>Feb. 17, 1957</b>				5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>			
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>				8. DATE OF BIRTH <b>August 17, 1885</b>		9. AGE (In years last birthday) <b>71</b>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>At Home</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>Housewife</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Ste. Genevieve, Missouri</b>			
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>				13a. FATHER'S NAME <b>Leon Warner</b>		13b. MOTHER'S MAIDEN NAME <b>Rosine Munsch</b>			
14. NAME OF HUSBAND OR WIFE <b>George</b>				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>Annette Warner</b>				ADDRESS <b>5885 Minerva Ave.</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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral thrombosis</b>  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. <b>9327</b>				INTERVAL BETWEEN ONSET AND DEATH <b>2 mo.</b>	
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? _____					
22. I hereby certify that I attended the deceased from <b>12-19, 1956</b> , to <b>2-17, 1957</b> , that I last saw the deceased alive on <b>2-17, 1957</b> , and that death occurred at <b>3:30P m.</b> , from the causes and on the date stated above. <b>2-18-57</b>									
23a. SIGNATURE <b>Edwin P. Meiners</b> (Degree or title) <b>M.D., M.D.</b>				23b. ADDRESS <b>6651 Enright</b>		23c. DATE SIGNED <b>2-18-57</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>2-19-57</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Valhalla Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis, County, Mo.</b>			
DATE REC'D BY LOCAL REG. <b>FEB 19 1957</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith mo</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Chas. F. Stuart 1225 Union Blvd.</b>					

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 L. Kemper*.....

Licensed Embalmer No.....405.....

P. O. Address.....3505 Oak  
St. Louis 20, Mo.

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.