

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-038317

State File No. ....

FILED OCT 30 1958

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 923

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Saint Louis</u>		c. LENGTH OF STAY (In this place) <u>Life</u>	c. CITY OR TOWN <u>St. Louis</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>De Paul Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>1317 Howard Street, 6,</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>PAUL</u> b. (Middle) <u>HENRY</u> c. (Last) <u>WARMANN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 16, 1958</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	8. DATE OF BIRTH <u>May 29, 1892</u>
9. AGE (In years last birthday) <u>66</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired shoemaker</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>International Shoe Co. St. Louis, Missouri</u>
11. BIRTHPLACE (City and State or Foreign Country) <u>USA</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Frank Warmann</u>		13b. MOTHER'S MAIDEN NAME <u>Henrietta Koester</u>	
14. NAME OF HUSBAND OR WIFE <u>None</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	
16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mr. W. F. Pries</u> ADDRESS <u>7528 Gannon Avenue</u>	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac Insufficiency</u> INTERVAL BETWEEN ONSET AND DEATH <u>2 hrs</u> ANTECEDENT CAUSES DUE TO (b) <u>Intermittent Heart Noise</u> - 2 yrs DUE TO (c) <u>Generalized Arteriosclerosis</u> - 10 yrs II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Diabetes Mellitus, Essential Hypertension, Coronary Arteriosclerosis</u>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4200H</u>		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)	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 <u>May</u> , 19 <u>58</u> , to <u>Oct</u> , 19 <u>58</u> , that I last saw the deceased alive on <u>10/15</u> , 19 <u>58</u> , and that death occurred at <u>3 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Thomas Meyer M.D.</u> (Degree or title)		23b. ADDRESS <u>634 N. Grand Ave</u>	23c. DATE SIGNED <u>10/16/58</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>10/18/58</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Peters Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Missouri</u>
DATE REC'D BY LOCAL REG. <u>OCT 16 58</u>	REGISTRAR'S SIGNATURE <u>J. Carl Smith</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>CALVIN F. FEUTZ</u> ADDRESS <u>4828 Natural Bridge Blvd., St. Louis, 15, Missouri.</u>	

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

2:00PM sure Thursday  
File in City

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 *Roy L. Finde*.....

Licensed Embalmer No. *4278*

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.