Health, & Welfare Public Service

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-042399

STATE FILE NUMBER

FILED NOV 20 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10822

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) St. Louis — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 32 St. Luke's Hospital — Length of stay in 1b 2059

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY
c. CITY OR TOWN St. Louis — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 5646 Kingsbury Blv'd. — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First EDITH Middle Last WARREN

4. DATE OF DEATH Month Nov. Day 11, Year 1958

5. SEX female /

6. COLOR OR RACE white

7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] 2 DIVORCED [ ]

8. DATE OF BIRTH 12/15/ 1872

9. AGE (In years last birthday) 85 — IF UNDER 1 YEAR Months 10 Days 26 — IF UNDER 24 HRS. Hours Min.

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

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country) Fryeburg Maine /

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Charles H Tibbetts

13b. MOTHER'S MAIDEN NAME Harriet C. Cummings

14. NAME OF HUSBAND OR WIFE Charles C. Warren

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. none

17. INFORMANT Mr. Ralph W Booker Address 5642 Kingsbury St. Louis 12 Mo

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

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 4 weeks

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cerebral arteriosclerosis — unknown

DUE TO (c) 331X

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X] 2

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 14 Feb. '58, to 11 Nov. '58 and last saw her/him alive on 11 Nov. '58
Death occurred at 1:20 PM m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) T. G. Drake, M.D.

22b. ADDRESS 114 N. Taylor, St. Louis 8, Mo

22c. DATE SIGNED 11 Nov. '58

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal

23b. DATE 11/12/58

23c. NAME OF CEMETERY OR CREMATORY Fryeburg City Cem.

23d. LOCATION (City, town, or county) (State) Fryeburg Maine

24. FUNERAL DIRECTOR ADDRESS C.R. Lupton and Sons 7233 Delmar St Louis Mo

25. DATE RECD. BY LOCAL REG. NOV 12 '58

26. REGISTRAR'S SIGNATURE J. Earl Smith, M.D. M.J.B.

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

Dr. Drake
Grants Clinic

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 Clarence H. Mur

Licensed Embalmer No. 4911

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.