

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-042589

STATE FILE NUMBER

FILED NOV 18 1958

Registration District No. 317

Primary Registration District No. 541

Registrar's No. 2885

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300
1-57
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1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clayton		c. CITY OR TOWN Richmond Hts. 0	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Enroute County Hosp. DOA		d. STREET ADDRESS (If outside, give location) 8000 South Drive	
3. NAME OF DECEASED (Type or print) First Middle Last THOMAS J. WARDEN		4. DATE OF DEATH Month Day Year Nov. 8 1958	
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> 0 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH April 18, 1938
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student-Washington University		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) East St. Louis, Ill. 1
13a. FATHER'S NAME John E. Warden		13b. MOTHER'S MAIDEN NAME Mildred M. McMahon	14. NAME OF HUSBAND OR WIFE None
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No or unknown) (If yes, give date of service) No None		16. SOCIAL SECURITY NO. 488-40-4182	17. INFORMANT Address John E. Warden 8000 South Drive
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Multiple severe traumatic injuries (probably immediately due to massive right hemothorax and external hemorrhage from mandibular area).			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2
DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Lost control of car he was operating which struck	
20c. TIME OF INJURY Hour Month, Day, Year 4:00 11/8/58		a bridge abutment	
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) highway	
20f. CITY, TOWN, OR LOCATION Richmond Heights		COUNTY STATE St. Louis Mo.	
21. I attended the deceased from _____, to _____ and last saw her/him alive on _____ Death occurred at 4:30 A. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Raymond Hark</i> (Degree or title) 3		22b. ADDRESS Clayton, Mo.	
22c. DATE SIGNED 11/12/58			
23a. BURIAL, CREMATION, OR REMOVAL (Specify) Burial		23b. DATE Nov. 11, 1958	
23c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery		23d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.	
24. FUNERAL DIRECTOR Kriegshauser 4228 S. Kingshighway		25. DATE RECD. BY LOCAL REG. 11-10-58	
26. REGISTRAR'S SIGNATURE <i>Herbert R. Dombrowski</i>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

Specimen, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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 *William B. White*

Licensed Embalmer No. *4281*

P. O. Address *4281*

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.