

Health,
& Welfare
Public
Service

FILED JUN 11 1959
XC-2848758

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-019747
STATE FILE NUMBER
2 5197

SL 20082 Registration District No. Primary Registration District No. Registrar

300
1
USE ONLY BLACK INK OR RIBBON (TYPE) WRITE IF POSSIBLE
MEDICAL CERTIFICATION
All diseases in Part I must be causally related. DR. NEU CLEARED THRU THE CORONERS OFFICE

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY FRANKLIN		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN 915 N GRAND, ST LOUIS, MO.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN MOSELLE		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VET ADM. HOSPITAL		Length of stay in 1b 7 HOURS	d. STREET ADDRESS (If outside, give location) Hillcrest Park		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last HARRY A. WARREN			4. DATE OF DEATH Month Day Year MAY 29 1959		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 4-20-89	9. AGE (In years last birthday) 70 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED Shipping clerk		10b. KIND OF BUSINESS OR INDUSTRY Century Electric	11. BIRTHPLACE (City and state or country) Hillsboro ILLINOIS		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME JOHN A. WARREN		13b. MOTHER'S MAIDEN NAME CHRISTINA JOHNSON		14. NAME OF HUSBAND OR WIFE -----	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or not known) (If yes, give year, dates of service) YES WW-1		16. SOCIAL SECURITY NO. UNKNOWN	17. INFORMANT Address VA HOSP. RECORDS, ST. LOUIS, MO.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) DEATH WAS CAUSED BY: (IMMEDIATE CAUSE (a) MESENTERIC VASCULAR OCCLUSION DUE TO (b) ARTERIOSCLEROSIS OF MESENTERIC VESSELS DUE TO (c) GENERALIZED ARTERIOSCLEROSIS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) - - - - - 4500					INTERVAL BETWEEN ONSET AND DEATH 24 HOURS - -
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		
20c. TIME OF INJURY Hour Month, Day, Year p.m. p.m.					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input checked="" type="checkbox"/> 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 5/28/59 to 5/28/59 and last saw him alive on 5/29/59 Death occurred at 3:00 AM on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE V. S. Codiga VICENT A. CODIGA, M.D.		22b. ADDRESS VAH, ST. LOUIS, MO.		22c. DATE SIGNED 5/29/59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE June 1, 1959	23c. NAME OF CEMETERY OR CREMATORY National Cemetery	23d. LOCATION (City, town, or county) Jefferson Barracks		(State) MO.
24. FUNERAL DIRECTOR SUED MEYER & SON'S 3934 N. 20th Street		25. DATE RECD. BY LOCAL REG. 5-30-59	26. REGISTRAR'S SIGNATURE Earl Smith, M.D. mjb		

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 *Harvey Kahle*

Licensed Embalmer No. *4596*

P. O. Address *St. Louis, 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.