

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-023612

FILED JUN 22 1959 Registration District No. 317 Primary Registration District No. 541 STATE FILE NUMBER Registrar's No. 1617

1. PLACE OF DEATH a. COUNTY ST LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY ST LOUIS	
b. CITY (If outside corporate limits of TOWNSHIP only) CLAYTON Missouri		c. CITY OR TOWN 4091 Kinloch, Missouri	
c. FULL NAME OF (If NOT in hospital, give location) St. Louis County		d. STREET ADDRESS (If outside, give location) 471 Frieland	
Length of stay in 1b 4 DAYS		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First George Middle Warren Last			4. DATE OF DEATH Month June Day 11 Year 1959		
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5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH June 19, 1887	9. AGE (In years last birthday) 71	IF UNDER 1 YEAR Months 0 Days 0	IF UNDER 24 HRS Hours 0 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Janitor	10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and state or country) Mobile, Alabama	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME George Warren	13b. MOTHER'S MAIDEN NAME Plana	14. NAME OF HUSBAND OR WIFE Mable Warren
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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. 189-12-2531	17. INFORMANT Mable Warren	Address 471 Frieland
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Uremia		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Arteriolar Nephrosclerosis	
	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) Bronchopneumonia with Abscess Formation		19. WAS AUTOPSY PERFORMED? 1 YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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20a. ACCIDENT <input 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.)
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20c. TIME OF INJURY Hour 5:30 Month 6 Day 7 Year 59	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20e. CITY, TOWN, OR LOCATION St. Louis	COUNTY St. Louis	STATE Missouri
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20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION St. Louis	COUNTY St. Louis	STATE Missouri
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21. I attended the deceased from 6-7-59 to 6-11-59 and last saw her alive on 6-11-59 Death occurred at 5:30 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE J. H. Garrison, Jr. M.D. (Degree or title)	22b. ADDRESS St. Louis County Hospital	22c. DATE SIGNED 6-11-59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 6/17/59	23c. NAME OF CEMETERY OR CREMATORY Greenwood Cemetery	23d. LOCATION (City, town, or county) (State) St. Louis, Missouri
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24. FUNERAL DIRECTOR C. B. Ponce	ADDRESS 1221 N. Grand Blvd.	25. DATE RECD. BY LOCAL REG. 6-15-59	26. REGISTRAR'S SIGNATURE John C. Murphy M.D. Jr.
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Mahmud Blackburn*

Licensed Embalmer No. *3967*
P. O. Address *1724 W. 12th*

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.