

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-029082
STATE FILE NUMBER

FILED VS JUL 22 1960 317 Registration District No. 543 Primary Registration District No. Registrar's No. 2169

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, give TOWNSHIP only) OR TOWN Jennings		Length of stay in 1b 80 yrs	c. CITY OR TOWN Jennings		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 8960 Jennings Rd		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 8960 Jennings Rd.,		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First CHARLES Middle L. Last WARMANN			4. DATE OF DEATH Month July Day 19th, Year 1960			
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 12/6/79	9. AGE (last birthday) 80	IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired gardner		10b. KIND OF BUSINESS OR INDUSTRY truck garden	11. BIRTHPLACE (City and state or country) St. Louis Co., Mo.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Dietrich Warmann		13b. MOTHER'S MAIDEN NAME Theresa Millhoff		13c. NAME OF HUSBAND OR WIFE none		
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 Address Charles Warmann, 8970 Jennings Rd			

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Embolism			INTERVAL BETWEEN ONSET AND DEATH 12-15 hrs
DUE TO (b) Gastric Ulcer -			1 yr
DUE TO (c) Insolubility (?)			✓
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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.)			
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year					

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	COUNTY	STATE
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21. I attended the deceased from **1930-15** to **7-15-60** and last saw him alive on **7-05-60**
Death occurred at **7-19-60** **10:00 am** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>John C. Murphy, MD</i> (Degree or title)		22b. ADDRESS 8201 1/2 Brookway	22c. DATE SIGNED
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23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 7/22/60	23c. NAME OF CEMETERY OR CREMATORY New Bethlehem Cemetery	23d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.
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24. FUNERAL DIRECTOR DIEDRICH FUNERAL HOME, 8319 Halleferry	ADDRESS	25. DATE RECD. BY LOCAL REG. 7-20-60	REGISTRAR'S SIGNATURE <i>John C. Murphy, MD</i>
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DOCUMENT MEDICAL CERTIFICATION BY AFFIDAVIT OF

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none none

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____, Student Embalmer No. _____

or by _____, Student Embalmer No. _____

working under my personal supervision.
Student _____
Signature of Student Embalmer

Signed Harvey Kable

Licensed Embalmer No. 4596

P. O. Address Floussan

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.

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Printed name of the embalmer