

FEB 25 1941
Registration District No. **791**

Primary Registration District No. **1003**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4246a John Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 73 Years
years, months or days)

3. (a) PRINT FULL NAME Frank H. Warning

8. (b) If veteran, name war Nil 8. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widower

6. (b) Name of husband or wife Louise Warning 6. (c) Age of husband or wife if alive Dead years

7. Birth date of deceased Oct. 30 1853
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
88 2 27 hr. min.

9. Birthplace Unk. Germany
(City, town, or county) (State or foreign country)

10. Usual occupation Carpenter Contractor

11. Industry or business Building Trade

MOTHER FATHER { 12. Name Unk. Warning
13. Birthplace Unk. Germany
(City, town, or county) (State or foreign country)

{ 14. Maiden name Unk.
15. Birthplace Unk. Unk.
(City, town, or county) (State or foreign country)

16. (a) Informant Louise Warning

(b) Address 4246a John Ave.

17. (a) Burial (b) Date thereof 1/30/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Friedens Cemetery

18. (a) Signature of funeral director Friedens

(b) Address 3934 N. 20th St

19. (a) JAN 28 1941 (b) J. H. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County MO
(c) City or town St. Louis 1017
(If outside city or town limits, write "RURAL")
(d) Street No. 4246a John Ave. 9
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 73 Years 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 27
year 1941 hour 11:30 minute A. M.

21. I hereby certify that I attended the deceased from Jan 21
1941 to Jan 27 1941
that I last saw him alive on Jan 27 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Atherosclerotic heart disease Duration 5 years

Due to Atherosclerosis

Due to _____
Other conditions Chronic interstitial nephritis
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: 1318
Of operations _____
Of autopsy not made
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place) (e) Means of injury D
23. Signature Frank V. Kops (M. D. _____)
Address 3500 N. Grand Date signed 1-27-41

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 _____

_____, Registered Apprentice No. _____

working under my personal supervision.

Signed Alfred J. Boedeker

Licensed Embalmer No. 2663

P. O. Address 4204 Baine

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 this body is not embalmed, above space should be left blank.