MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1 PLACE OF DEATH

County .....

Township ..... Registration District No. 1003 (791) File No. 39381

or

Village ..... Primary Registration District No. ..... Registered No. 10691

or

City St Louis Mo (No. 3859 Connecticut St.; 13 Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Albert H. Warner

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)
Male	White	Married

6 DATE OF BIRTH Sept (Month) 18th (Day) 1865 (Year)

7 AGE 51 yrs. 2 mos. 2 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work Proprietor
(b) General nature of industry business, or establishment in which employed (or employer) Umpire Buffet

9 BIRTHPLACE (City or town, State or foreign country) Alton Ills.

PARENTS

10 NAME OF FATHER Hy. A. Warner

11 BIRTHPLACE OF FATHER (City or town, State or foreign country) Dont Know.

12 MAIDEN NAME OF MOTHER Sophia Schatter

13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Dont Know.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Al. H. Warner

(Address) 3859 Connecticut

15 Filed NOV 23 1916 Mark Starkloff Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH November (Month) 20 (Day) 1916 (Year)

17 I HEREBY CERTIFY, that I attended deceased from Oct 20, 1916, to Nov 20, 1916, that I last saw him alive on Nov 20th, 1916, and that death occurred, on the date stated above, at 1045 A m.

The CAUSE OF DEATH* was as follows:

1 Typhoid fever

12.2A 01

42 3

(Duration) ..... yrs. 1 mos. ..... ds.

CONTRIBUTORY (Secondary) Perforation of Intestine Hemorrhage

(Duration) ..... yrs. ..... mos. 10 ds.

(Signed) Geo A Kreb M. D.

Nov 21st, 1916. (Address) 2709 S 11th.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
St. Matthew	Nov 23, 1916
20 UNDERTAKER Geo J Robert	ADDRESS 1905 S. Grand Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

THIS IS A PERMANENT RECORD

and Thomas of St. Louis Co.