REC'D MAR 13 1939

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

4680
Do not use this space.

791
1003
1373

**1. PLACE OF DEATH**

(a) County ..... Registration District No. .....

(b) Township ..... Primary Registration District No. ..... Registered No. .....

(c) City or Stbouis ..... (d) Street No. 4870 Suburban Tracks St.
(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

**2. PRINT FULL NAME** Margaret Warfield

(a) Residence, No. 4870 Suburban Tracks St. 12 Stbouis Mo.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: —

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb 21-1868

7. AGE: YEARS 70 MONTHS 11 DAYS 19 If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Shoefactory worker
9. Industry or business in which work was done, as saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (month and year) Jan 1933.
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Sulliran Mo 0

FATHER
13. NAME: Unknown 9
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown 0

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown.

17. INFORMANT (ADDRESS): Florence Robertson 796A N. Euclid

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Sulliran Mo. DATE: 2-13 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS): F. J. Williams Sullivan, Mo

20. FILED FEB 12 1939 J. F. Bredeck Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 2-10, 1939

22. I HEREBY CERTIFY, That I attended deceased from 2-8, 1939, to 2-10, 1939

I last saw her alive on 2-8, 1939. Death is said to have occurred on the date stated above, at 12:10 P.m.

The principal cause of death and related causes of importance were as follows:

Myocarditis, chronic — Date of onset

Other contributory causes of importance: dissecting post-appendiceal abscess.

Name of operation: Appendectomy Date of May 1938

What test confirmed diagnosis? Examination Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) John H. Duemler M. D.
(Address) Grand & Park ave.

(Licensed Embalmer's Statement on Reverse Side)

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

## 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 Howard F Rowland

Licensed Embalmer No. 3114

P. O. Address St Louis

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com with the above constitutes grounds for revocation of license.)**

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