

FILED APR 5 1950

THE DIVISION OF HEALTH OF THE STATE OF ILLINOIS
STANDARD CERTIFICATE OF DEATH

11238

State File No. 2911

318

1003

BIRTH NO. REG. DIST. NO. PRIMARY REG. DIST. NO. Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis Mo		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Granite City	
c. LENGTH OF STAY (In this place) 11 days		d. STREET ADDRESS (If rural, give location) 2919 Pershing	
d. FULL NAME OF HOSPITAL OR INSTITUTION Barnes Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Thomas	b. (Middle) Warfield	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) March 26 1950
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 5, 1885	9. AGE (In years last birthday) 64	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Fireman Locomotive	10b. KIND OF BUSINESS OR INDUSTRY Kopper Inc.	11. BIRTHPLACE (State or foreign country) Erin, Tenn	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME Smith Warfield	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Carrie Warfield
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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.	17. INFORMANT'S SIGNATURE OR NAME Carrie Warfield	ADDRESS Granite City Ill
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH Minutes 9 Mo.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Heart failure		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinomatosis of Colon DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 153X
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 16, 1950, to March 26, 1950, that I last saw the deceased alive on March 26, 1950, and that death occurred at 1:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE Ben Eisenman	(Degree or title) M.D.	23b. ADDRESS Barnes Hospital	23c. DATE SIGNED 3-26-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE March 26, 50	24c. NAME OF CEMETERY OR CREMATORY St. Johns	24d. LOCATION (City, town, or county) (State) Granite City Illinois
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DATE REC'D BY LOCAL REG. OFFICE MAR 28 1950	REGISTRAR'S SIGNATURE J. B. Basater	25. FUNERAL DIRECTOR'S SIGNATURE Frank Meccie	ADDRESS Granite City Ill
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 _____

working under my personal supervision.

Student Embalmer No.

Signed Charles E. Mercet

Signed.....
Student Embalmer

Licensed Embalmer No. 2988

P. O. Address Granite City, Pa.

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, fact should be so stated above.