

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

Do not use this space.

38841

**1. PLACE OF DEATH**

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1003

City St. Louis (No. City Hospital)

File No. ....

Registered No. 11503

St. .... Ward)

2/ FULL NAME Nathans Warfield

(a) Residence. No. 4152 Hammond 14 Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Warfield

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 20 1852

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ..... hrs. or ..... min.
	<u>75</u>	<u>11</u>	<u>3</u>	

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Stone Mason  
(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer Retired for year

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Manly Md

10. NAME OF FATHER Windsor Warfield

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Baltimore Maryland

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown

14. INFORMANT (Address) City Hospital

15. FILED 26 1928 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 23 1928

17. I HEREBY CERTIFY, That I attended deceased from Oct 18 1928 to Nov 23 1928 that I last saw him alive on Nov 23 1928 and that death occurred, on the date stated above, at 4:30 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Carcinoma of stomach  
(duration) ..... yrs. .... mos. .... ds.

CONTRIBUTORY (SECONDARY) Chronic myocarditis  
(duration) ..... yrs. .... mos. .... ds.

18. WHERE WAS DISEASE CONTRACTED City  
IF NOT AT PLACE OF BIRTH.....

DID AN OPERATION PRECEDE DEATH? ..... DATE OF.....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS?  
11 (Signed) Henry C. Westergaard M. D.  
12 1928 (Address) City Hospital

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDE.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL  
St. Matthews Cem 11-26 1928

20. UNDERTAKER ADDRESS 4104  
Gringhausen U.S. Manchester  
Av

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

Warfield