

Registration District No. 784

Primary Registration District No. 202

1. PLACE OF DEATH:

(a) County St Louis

(b) City or town Vinita Park  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
8439 Ann  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. 33 yrs (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St Louis

(c) City or town Vinita Park  
(If outside city or town limits, write "RURAL")

(d) Street No. 8439 Ann  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Anna M Warfield

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. //////

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife Robert Warfield 6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased Aug 14 1869  
(Month) (Day) (Year)

8. AGE: Years 74 Months 11 Days 8 If less than one day hr. min.

9. Birthplace St. Louis Co Mo (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Own Home

MOTHER FATHER { 12. Name Calvin S Steffens

13. Birthplace Do not know (City, town, or county) (State or foreign country)

14. Maiden name Anna M Henckens

15. Birthplace Do not know (City, town, or county) (State or foreign country)

16. (a) Informant Anna Lee Warfield

(b) Address 8439 Ann

17. (a) Burial (b) Date thereof 7/24/42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Ortmann Funeral Home

(b) Address 9222 Lackland Overland Mo

19. (a) JUL 28 1942 (b) [Signature]  
(Date received local health officer) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 22 year 1942 hour \_\_\_\_\_ minute 8 A.M.

21. I hereby certify that I attended the deceased from January 1st 1942, 1942 to July 22nd 1942, 1942.  
that I last saw he alive on July 22nd 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Coronic Dilatation Duration 1 day

Due to Myocarditis 6 mo.

Due to Fibrillation for 6 mo. 6 mo.  
aneurysm

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations [Signature]

Of autopsy \_\_\_\_\_

PHYSICIAN  
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) Natural Cause

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? Home (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 Spont

23. Signature Scott News MD (M.D. or other)

Address 634 N Grand St Date signed 7/22/42

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

no treasure story

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707

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**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.....

*Al. C. Ortman*

Licensed Embalmer No.....

*3478*

P. O. Address.....

**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.**