

FILED JUL 26 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25457
Registrar's No. 6311

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

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|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. 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 ST. LOUIS, 2219 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION CITY INFIRMARY | | d. STREET ADDRESS (If rural, give location) 1900 a Cole St. | |

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|--|--|-------------------------------------|--|---|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) MARY b. (Middle) c. (Last) WARFORD | | | 4. DATE OF DEATH (Month) (Day) (Year) 7 12 51 | | |
| 5. SEX FEMALE 3 | | 6. COLOR OR RACE COL. | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SEP. | |
| 8. DATE OF BIRTH Nov 1 1890 | | 9. AGE (In years last birthday) 60 | | 10. IF UNDER 1 YEAR Days 8 | |
| 11. BIRTHPLACE (State or foreign country) MEMPHIS, TENN. | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | 13. 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) none | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (State or foreign country) MEMPHIS, TENN. | |
| 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | 13a. FATHER'S NAME TOM WARFORD (Rafford) | | 13b. MOTHER'S MAIDEN NAME Adeline ? | |
| 14. NAME OF HUSBAND OR WIFE Van Warford | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | | 16. SOCIAL SECURITY NO. None | |

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| 17. INFORMANT'S SIGNATURE OR NAME City Infirmary Records | | ADDRESS | |
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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. | | 19. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) hypertensive cardiovascular ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) disease 1951 plus DUE TO (c) | | INTERVAL BETWEEN ONSET AND DEATH | |
| 20. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | 21. MAJOR FINDINGS OF OPERATION | | 22. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |

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|---|--|---|--|---|--|
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 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) | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) | | 21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? 443X | |

22. I hereby certify that I attended the deceased from Dec. 4, 1945, to July 12, 1951, that I last saw the deceased alive on July 11, 1951, and that death occurred at 4:20 AM from the causes and on the date stated above.

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|---|--|-------------------------------|--|--|--|
| 23a. SIGNATURE Palmer Prounce Bowditch M.D. (Degree or title) | | 23b. ADDRESS 58 to Arsenal St | | 23c. DATE SIGNED | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 7-17-51 | | 24c. NAME OF CEMETERY OR CREMATORY Washington Park | |
| 24d. LOCATION (City, town, or county) St. Louis, MO | | 24e. (State) | | 24f. (State) | |

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|--|--|--|--|---------------------|--|
| DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE JUL 16 1951 J. Bratton | | 25. FUNERAL DIRECTOR'S SIGNATURE A.L. Beal | | ADDRESS 4301 Delmar | |
|--|--|--|--|---------------------|--|

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed *Arthur L. Hilliard*

Licensed Embalmer No. *4221*

P. O. Address *47610 Campbell Rd.*

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.