

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

30808
 Do not use this space.

REC'D OCT 12 1938

1. PLACE OF DEATH 791

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

(b) Township..... Primary Registration District No..... 1008

(c) City of St. Louis (d) Street No. City Hospital #1 Registered No. 8245

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

2. PRINT FULL NAME Eunice Farmer 656

(a) Residence, No. 1420 S. Cardinal St. 18

(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 single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 9, 1934

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	4	7	10	

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.

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)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) St. Louis
 (STATE OR COUNTRY) Missouri

FATHER 13. NAME Frank Farmer

14. BIRTHPLACE (CITY OR TOWN) Arkansas
 (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Myrtle Graves

16. BIRTHPLACE (CITY OR TOWN) Sugar Grove
 (STATE OR COUNTRY) Tennessee

17. INFORMANT Frank Farmer
 (ADDRESS) 1420 S. Cardinal

18. BURIAL, CREMATION, OR REMOVAL in New St. Marcus Cem
 PLACE DATE 9/20/38

19. FUNERAL DIRECTOR A. W. McLaughlin
 (ADDRESS) 2301 Lafayette Avenue

20. FILED SEP 20 1938 J. F. Brubaker
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/19/38 19

22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....

I last saw h..... alive on..... 19..... Death is said to have occurred on the date stated above, at 8:30 A.M.

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

Septicemia, 2nd day, as a result of small laceration with a cutting knife from a piece of scrubbed pine in the yard

Other contributory causes of importance: *at her home 1420 S. Cardinal St. Sept. 17, 1938 about 9:30 AM*

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide homicide Date of injury 9/17/38
 Where did injury occur? St. Louis, Mo
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. Home

Manner of injury see above

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify Alfred Perry
 (Signed) Alfred Perry, M.D.
 (Address) Alfred Perry

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, L. R. Cooper, Licensed Embalmer No. 3633

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed L. R. Cooper

Licensed Embalmer No. 3633

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.)