

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

41449

State File No.

10572

JAN 12 1939

Registration District No. 1003

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH: 1003  
(a) County 2  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 5045 Sutherland  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution  
(Specify whether years, months or days) 20 year

2. USUAL RESIDENCE OF DECEASED: 1  
(a) State Missouri (b) County  
(c) City or town St. Louis 14  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5045 Sutherland  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? years

3. (a) PRINT FULL NAME Julia Farmer 256  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_  
4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife George Farmer 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased 2 1 1856  
(Month) (Day) (Year)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month December day 8  
year 1939 hour 8:10 minute P M.  
21. I hereby certify that I attended the deceased from December 1st, 1939, to December 8, 1939,  
that I last saw her alive on December 8, 1939,  
and that death occurred on the date and hour stated above.

8. AGE: Years 83 Months 10 Days 27 If less than one day hr. min.

Immediate cause of death Chronic myocarditis Duration 2 years  
Due to Acute Bronchitis 4 days  
Due to Colic

9. Birthplace Aurora Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business

12. Name John Heaton 5

13. Birthplace Ireland  
(City, town, or county) (State or foreign country)

14. Maiden name Julia Hallaway

15. Birthplace Ireland  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mae E Dwyer

(b) Address 5045 Sutherland Ave.

17. (a) (Burial, cremation, or removal) VOLUNT (b) Date thereof 12 9 '39  
(Month) (Day) (Year)

(c) Place: burial or cremation Aurora Ill

18. (a) Signature of funeral director

(b) Address

19. (a) DEC 11 1939 (b) J. J. [Signature]  
(Date received local registrar) (Signature)

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (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) (a) Means of injury

23. Signature Charles K. Gulhaug (M.D., co-occker)

Address 5183 Cabanne Ave. Date signed 12/8/39

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.

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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 Howard F. Rowland

Licensed Embalmer No. 3114

P. O. Address St. Louis, Mo.

**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, above space should be left blank.**