DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 5132
1962

MAR 12 1940

Registration District No. 799 Primary Registration District No. 1003 Registrar's No.

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
519 Hamilton Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 38 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 519 Hamilton Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years

3. (a) PRINT FULL NAME Lucy Sanders Farnsworth

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 Married
6. (b) Name of husband or wife George C. Farnsworth
6. (c) Age of husband or wife if alive 72 years
7. Birth date of deceased Jan. (Month) 10 (Day) 1868 (Year)

8. AGE: Years	Months	Days	If less than one day
72	1	16	hr. min.

9. Birthplace Girrard County (City, town, or county) Kentucky (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
12. Name Thomas Sanders (FATHER)
13. Birthplace (City, town, or county) Kentucky (State or foreign country)
14. Maiden name Nancy Davis (MOTHER)
15. Birthplace (City, town, or county) Kentucky (State or foreign country)
16. (a) Informant's own signature Geo. C. Farnsworth
(b) Address 519 Hamilton Ave.
17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 2-28-1940 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Crematory
18. (a) Signature of funeral director Alexander & Sons
(b) Address 6175 Delmar Blvd
19. (a) FEB 27 1940 (Date received local registrar) (b) J. F. Bredel (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 26
year 1940 hour 2:45pm minute M.
21. I hereby certify that I attended the deceased from 1931, 19, to Feb 26, 1940; that I last saw her alive on Feb 26, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Myocardial failure	3 mo.
Due to Myocardial degeneration	5 yrs.
Due to	
Other conditions (Include pregnancy within 3 months of death) senility	
Major findings: Of operations Ca. of breast	
Of autopsy not done	

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)
(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? (Specify type of place)
While at work? (e) Means of injury
23. Signature P. A. Barnett (M. D. or other)
Address 5427 Delmar Date signed

(Licensed Embalmer's Statement on Reverse Side)

NOTE: 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 hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by Elbert E. White, Registered Apprentice No. 209 working under my personal supervision.

Signed J. Wm. Bumpley

Licensed Embalmer No. 3653

P. O. Address St. Louis, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.