

NOV 16 1940
Registration District No. 791

Primary Registration District No.

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution St. City Hospital
(d) Length of stay: In hospital or institution 1 (Specify whether years, months or days)

In this community (Specify whether years, months or days)

8. (a) PRINT FULL NAME John FARHE

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

4. Sex male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Unknown
(Month) (Day) (Year)

8. AGE: Years about 53 Months Days If less than one day hr. min.

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

10. Usual occupation Unknown

11. Industry or business "

12. Name "

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

14. Maiden name "

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

16. (a) Informant Udely Spruce

(b) Address 5920 Madison

17. (a) (Burial, cremation, or removal) (b) Date thereof 11-17-40
(Month) (Day)

(c) Place: burial or cremation Washington

18. (a) Signature of funeral director W. Richter

(b) Address 3500

19. (a) OCT 1 1940 (b) J. F. Buddick
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County _____
(c) City or town St. Louis 15
(d) Street No. 4202 So. main
(e) If foreign born, how long in U. S. A. ? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 4
year 1940 hour 1:45 minute A M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death Strangulation
Due to hanging by

Duration hope from roof on
this street adjoining

Due to 4202 So. main

Other conditions Sept - 4 - 1940
(Include pregnancy within 3 months of death)

Major findings: April 14 1940 A. M.
Of operations Suicide

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) Suicide
(b) Date of occurrence 9/4/40
(c) Where did injury occur? St. Louis
(d) Did injury occur in or about home, or in industrial place, in public place?

While at work? (Specify type of place) (a) Means of injury 5

23. Signature Joseph M. ... (M. D. or other)
Address Deputy Coroner Date signed _____

WRITE PLAINLY—USE 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 _____
_____, Registered Apprentice No. _____
working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

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, above space should be left blank.