

FILED MAY 13 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 13171

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 3601

1. PLACE OF DEATH:

(a) County St. Louis
 (b) City or town St. Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
1435a South Ninth Street /
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution None (Specify whether
 In this community _____
 years, months or days)

3. (a) PRINT FULL NAME Johanna Farnor

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 Single6. (b) Name of husband or wife Single 6. (c) Age of husband or wife if alive _____ years7. Birth date of deceased Unknown About 1859
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
About 82 _____ hr. _____ min.9. Birthplace Unknown _____
(City, town, or county) (State or foreign country)10. Usual occupation Housework11. Industry or business At Home12. Name Unknown13. Birthplace Unknown _____
(City, town, or county) (State or foreign country)14. Maiden name Unknown
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Mary Hunt
(b) Address 2710 So. Grand Blvd.17. (a) Burial (b) Date thereof April 29, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Calvary Cemetery18. (a) Signature of funeral director Wm J. Robert & Co.(b) Address 1905 So. Grand Blvd.19. (a) APR 28 1941 (b) J. T. Madach
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
17
 (c) City or town St. Louis 923
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1435a South Ninth Street
 (If rural, give location)

(e) If foreign born, how long in U. S. A. _____ YEARS

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 27
year 1941 hour 2 minute 00 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 Generalized arteriosclerosis

Due to _____

Due to _____

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)
(e) Means of injury ?23. Signature Alfred J. Perry (M. D. or other) ?Address Albany, Calumet Date signed 4/28/41

Duration

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

WHILE FILLING IN—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

I X1081

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.....

John Ketter

Licensed Embalmer No. 3880

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.