

No. 2
-13-40
-17-39
K23159

FILLED SEP 8 1941

Registration District No. 774

Primary Registration District No. 200

Registrar's No. 1815

1. PLACE OF DEATH:
 (a) County. St. Louis Co
 (b) City or town. Manchester Mo
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Manchester Nursing Home ✓
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution. 4 days
(Specify whether
 In this community. 14 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County St. Louis 090
 (c) City or town. St. Louis 17
(If outside city or town limits, write "RURAL") 9
 (d) Street No. 4996 Fairview
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? 82 1 years.

3. (a) PRINT FULL NAME Allison Farris
 3. (b) If veteran, name war no 3. (c) Social Security No. none

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month 1st day Sept
 year 1941 hour 6 minute 15 P. M.

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced widower
 6. (b) Name of husband or wife. Lilly Staner Farris 6. (c) Age of husband or wife if alive dead years
 7. Birth date of deceased March 15th 1859
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from March 3, 1941, to August 25th, 1941;
 that I last saw him alive on August 25th, 1941
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>82</u>	<u>5</u>	<u>16</u>	hr. min.

Immediate cause of death:
Myocardial Infarction
1. Pyelonephritis 3 weeks
2. Sepsis 5 weeks
3. Prostatic Hypertrophy.

9. Birthplace Fairfield Illinois
(City, town, or county) (State or foreign country)
 10. Usual occupation Stockman
 11. Industry or business Live Stock Trader

Due to _____
 Due to _____
 Other conditions Senility
(Include pregnancy within 3 months of death)

MOTHER FATHER
 { 12. Name Samuel Farris
 13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
 14. Maiden name Lucinda Allison
 15. Birthplace Ohio
(City, town, or county) (State or foreign country)

Major findings:
 Of operations 1370
 Of autopsy _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. H.W. Prasse
 (b) Address 4996 Fairview
 17. (a) Removal (b) Date thereof Sept 3rd. 41
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Fairfield Ills

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? _____

18. (a) Signature of funeral director Henry L. Heidemuecker
 (b) Address 6203 Gravois
 19. (a) SEP - 2 1941 (b) W. M. ... (Registrar's signature)
(Date received local registrar)

23. Signature Arnold Klein (M. D. or other) 6 2nd
 Address 2632 S. Kingshighway, Date signed 9/2/41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 *J. Am. Binkley*
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 with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.