

STANDARD CERTIFICATE OF DEATH

State File No. **30022**
7361
Registrar's No.

Registration District No. **791**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital #1 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 Mos. 14 Days
(Specify whether
In this community 11 Years.
years, months or days)

3. (a) PRINT FULL NAME John Farmer
3. (b) If veteran, name war No
3. (c) Social Security No. None

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Lila Farmer
6. (c) Age of husband or wife if alive 8 years
7. Birth date of deceased Dec. 27. 1968
(Month) (Day) (Year)

8. AGE: Years 72 Months 8 Days 14
If less than one day hr. min.

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

10. Usual occupation Unemployed

11. Industry or business _____

12. Name James Farmer
13. Birthplace Tennessee
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Tenn.
(City, town, or county) (State or foreign country)

16. (a) Informant Carl Farmer,
(b) Address 1562 S. Vandeventer Ave.

17. (a) Burial (b) Date thereof 9/13/41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Bethany Cem.

18. (a) Signature of funeral director [Signature]
(b) Address 2117 E. Grand Blvd.

19. (a) SEP 11 1941 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis 18 17 9
(If outside city or town limits, write "RURAL")
(d) Street No. 1562 SO. Vandeventer Ave
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 11,
year 1941 hour 8:05 minute A. M.

21. I hereby certify that I attended the deceased from June
27., 19 41 to September 11, 19 41
that I last saw him alive on September 11, 19 41
and that death occurred on the date and hour stated above.

Immediate cause of death
Cerebrovascular thrombosis 75 days
middle cerebral arteries
Due to Arteriosclerosis generalized years
Possible heart disease years
Due to with hypertension
and enlargement of heart years

Other conditions (Include pregnancy within 8 months of death)

Major findings: [Signature]
Of operations 95
Of autopsy As above with some
left pyonephrosis, no stones

Duration
75 days
years
years
years
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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature [Signature] (M. D. 0)
Address 1515 Lafayette Avenue, Date signed 9/11/41

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 Frank A. Moore

Licensed Embalmer No. 3041

P. O. Address 2117 E. 5th

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.