

Registration District No. 791

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis, Mo.
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Homer Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 months 6 days
(Specify whether
In this community 7 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4580 Aldine
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Ned Farmer

3. (b) If veteran, name war No 3. (c) Social Security No. 44-1-10000

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced Married

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

7. Birth date of deceased January 8, 1885
(Month) (Day) (Year)

8. AGE: Years 57 Months 4 Days 28 If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business Minister

12. Name Ned Farmer

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

14. Maiden name Sarah Fisher

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

16. (a) Informant Shirley Smith
(b) Address 2601 N. Whittier

17. (a) ~~E. H. Smith~~ (b) Date thereof 6/14/42
(Period, or date of removal) (Month) (Day) (Year)
(c) Place: burial or cremation East St. Louis, Ill

18. (a) Signature of funeral director A. H. Green
(b) Address 3517 Sachse Ave

19. (a) JUN 9 1942 (b) J. J. Predeck
(Date received local registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 6,
year 1942 hour 2 minute 05 A. M.

21. I hereby certify that I attended the deceased from March 30, 1942 to June 6, 1942
that I last saw him alive on June 6, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Luetic Heart Disease with Decompensation Duration Unknown

Due to _____

Due to _____

Other conditions 3/4
(Include pregnancy within 3 months of death)

Major findings: Of operations 3/4

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 0

23. Signature E. Smith (M. D. or other) 0
Address 2601 Whittier Date signed 6-8-42

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

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17
9

000
17
9

MOTHER FATHER

PHYSICIAN
Underline the cause to which death should be charged statistically.

844

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. 1173

P. O. Address 3517 Seaboard ave

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.