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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 15 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 41379

Registration District No. 784 Primary Registration District No. 200 Registrar's No. 640

96
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0

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

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: 6229 Ella St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96
(c) City or town Welston 0
(If outside city or town limits, write "RURAL")
(d) Street No. 6229 Ella St.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Lester F. Farney

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

4. Sex M
5. Color or race W 0
6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Ottilie Krueger Farney
6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased January 19 (Month) (Day) 1900 (Year)

8. AGE:

Years	Months	Days	If less than one day
43	1	27	hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri 0 (State or foreign country)
10. Usual occupation Instruction Dept.
11. Industry or business Public Service Co.

FATHER
12. Name Robert Farney
13. Birthplace ..... (City, town, or county) Virginia 1 (State or foreign country)

MOTHER
14. Maiden name Gussie Travensberg
15. Birthplace ..... (City, town, or county) Germany 4 (State or foreign country)

16. (a) Informant Ottilie Krueger Farney
(b) Address 6229 Ella St. St. Louis County
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/18/43 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cemetery
18. (a) Signature of funeral director Albert H. Hoppe Inc.
(b) Address 4700 Washington Blvd.
19. (a) MAR 19 1943 (Date received local registrar) (b) E. G. McGarvan M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 16 year 1943 hour 1 minute a M.

21. I hereby certify that I attended the deceased from 3/11/43, 19..., to 3/16/43, 19..., that I last saw him alive on 3/14/43, 19..., and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Occlusion	5das
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
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)
(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? (Specify type of place)
While at work? (e) Means of injury 0

23. Signature J. A. Grosskreutz (M. D. or other)
Address 3601 Center Dr Date signed 3/18/43

(Licensed Embalmer's Statement on Reverse Side)

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. Allen Davis Jr.....

Licensed Embalmer No.....4053.....

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, fact should be so stated above.