

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

Registration District No. 318 Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County _____

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Deaconess Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community _____ (Specify whether)

years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. 1003 (b) County _____

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 5243 Vernon Ave
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Robert A. McFarland

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

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

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

7. Birth date of deceased June 25 1891
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

51 11 4 hr. min.

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

10. Usual occupation Tool Inspector

11. Industry or business Bush Selzer Co.

12. Name Robert McFarland

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

14. Maiden name Emily Ellis

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

16. (a) Informant Mrs. Edna McFarland

(b) Address 5243 Vernon Ave.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 5-31-43 (Month) (Day) (Year)

(c) Place: burial or cremation Staunton Ill.

18. (a) Signature of funeral director Drehmann-Herral

(b) Address 1905 Union Blvd

19. (a) MAY 20 1943 (Date received local registrar) J. F. Predeek (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 29 day May year 1943 hour 12 minute 5 A.M.

21. I hereby certify that I attended the deceased from Dec 24 1943 to May 29 1943 that I last saw him alive on May 28 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic nephritis 2 yrs

Due to Prostatic hypertrophy

Due to Chronic myocarditis 1 yr.

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

Major findings: Of operations _____

Of autopsy 131

Duration

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) (c) Means of injury _____

23. Signature R. H. Helbing (M. D. or other) MD Address 4943 Blount Date signed 5/29/43

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.....

Albert R. Thompson Jr

Licensed Embalmer No.....

4237

P. O. Address.....

St. Louis

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.