

FILED JUN 25 1943

Registration District No.

813

Primary Registration District No.

1003

Registrar's No.

5560

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:  
5848a Ridge Ave /  
(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  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5848a Ridge Ave.  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME Elizabeth Farishon

3. (b) If veteran, name war ----- 3. (c) Social Security No. None

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

6. (b) Name of husband or wife Emil Farishon 6. (c) Age of husband or wife if alive years

7. Birth date of deceased January 31 1882  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
61 4 15 hr. min.

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

10. Usual occupation Housewife

11. Industry or business At home

12. Name William Exner

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

14. Maiden name Mary Elizabeth Vogt

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

16. (a) Informant John Farishon

(b) Address 5848a Ridge Ave

17. (a) Burial (b) Date thereof 6/18/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pacific, Mo.

18. (a) Signature of funeral director Jos. W. Clark

(b) Address 1125 Hodiamont Ave

19. (a) J. J. Bredsch (b) J. J. Bredsch  
(Date received local registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 15  
year 1943 hour 11 minute 10 a.m.m.

21. I hereby certify that I attended the deceased from near 15, 1943 to June 15, 1943  
that I last saw her alive on June 15, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hem Duration 6 weeks

Due to My peritonitis 3 weeks

Due to 82

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations ✓ PHYSICIAN

Of autopsy

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) (Country) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

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

23. Signature Lee Wiley (M. D. or other) MD  
Address 8105 Page Blvd Date signed 6-16-43

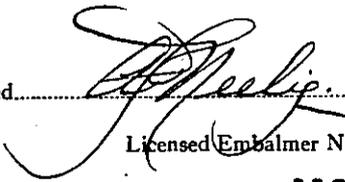
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

**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..... 3225

P. O. Address..... 1125 Hodiament Ave

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.**