

S. No. 2
DOM-2-43
5-17-39
X3567

19555

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

State File No. 5884
Registrar's No. 000
17
719

ED JUL 8 1949
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:
4358 McPherson Ave.
(If not to 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. (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4358 McPherson Ave.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

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

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 27th
year 1943 hour 12:45 minute P.M.
21. I hereby certify that I attended the deceased from Mar. 28, 1941
19. to June 27, 1943;
that I last saw him alive on June 27, 1943
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Leonita Farmer
6. (c) Age of husband or wife if alive 47 years
7. Birth date of deceased Dec. 16th 1883
(Month) (Day) (Year)

Immediate cause of death
Ruptured aortic aneurysm
Due to Infective aortitis Duration 2 yrs.
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

8. AGE: Years Months Days If less than one day
59 6 11 hr. min.

9. Birthplace Kingston Texas
(City, town, or county) (State or foreign country)
10. Usual occupation Commonwealth Ins. Co.

11. Industry or business
12. Name James Farmer
13. Birthplace Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Unknown Maxwell
15. Birthplace Texas
(City, town, or county) (State or foreign country)

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

16. (a) Informant Leonita Farmer
(b) Address 4358 McPherson Ave.
17. (a) Burial (b) Date thereof 6-- -43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation New St. Peter & Paul
18. (a) Signature of funeral director Kriegshauser Mortuaries
(b) Address 4228 So. Kingshighway Blvd.
19. (a) JUN 29 1949 J. F. Bredack
(Date of local registration) (Registrar's signature)

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 Notar John Everell (M. D. or other) M.D.
Address 4129 Washington Pl. Date signed 6/28/43

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

MOTHER FATHER

JUL 16 1943

4129 Working License
11-12

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 Charles A. Mc Dermott

Licensed Embalmer No. 3027

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.