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

6368

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 7418

FILED MAR 13 1946

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2022

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: Homer G Phillips Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 24 days (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 11000

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 4161 W Belle 9
(If rural, give location) 10

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

If yes, name country

3. (a) PRINT FULL NAME Mack Farland

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 2

5. Color or race Col

6. (a) Single, widowed, married, divorced Sep. 1

6. (b) Name of husband or wife Unknown

6. (c) Age of husband or wife if alive years

7. Birth date of deceased May (Month) 27 (Day) 1912 (Year)

8. AGE: Years 33 Months 8 Days 25 If less than one day hr. min.

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

10. Usual occupation Industrial

11. Industry or business

FATHER
12. Name Mack Farley
13. Birthplace Miss. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Carolyn Fisher
15. Birthplace Miss. (City, town, or county) (State or foreign country)

16. (a) Informant Theresa Eddings, sister
(b) Address 4191 W Belle

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-1-46 (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood

18. (a) Signature of funeral director Boyd F. Home
(b) Address 3704 Finney

19. (a) FEB 28 1946 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 22
year 1946 hour 8 minute A M.

21. I hereby certify that I attended the deceased from Jan. 28, 1946 to 2-22, 1946;
that I last saw him alive on 2/22/46, 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Far Advanced Pulmonary Tuberculosis	Unk
Due to	
Due to	
Other conditions None indicated (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy No

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

23. Signature W. B. Bernard (M. D. or other)
Address 3601 N Whittier Date signed 2/23/46

(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 Edward A. Flynn, Registered Apprentice No. 397 working under my personal supervision.

Signed James A. Turner

Licensed Embalmer No. 3522

P. O. Address 3704 Fancy

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.