

**FILED** 344 1 1946

Registration District No. \_\_\_\_\_

Primary Registration District No. 3063

1. PLACE OF DEATH:

(a) County St. Louis County  
(b) City or town Clayton Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: St. Louis County Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 days  
In this community 3 yrs  
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96  
(c) City or town St. Louis County  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2993 Walton Road  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME HENRY C. FARLEE

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced W  
7. Birth date of deceased 9 14 1861  
(Month) (Day) (Year)

8. AGE: Years 84 Months 9 Days 6 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Sheridan County Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business \_\_\_\_\_  
12. Name John Farlee  
13. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)  
14. Maiden name Mattie  
15. Birthplace UNKNOWN  
(City, town, or county) (State or foreign country)

16. (a) Informant Hattie R. Clark (daughter)  
(b) Address 2993 Walton  
17. (a) REMOVAL (b) Date thereof 6-21-46  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation FRANKLIN, NEBR.

18. (a) Signature of funeral director Baumgardner Bros Inc  
(b) Address 2504 Woodglen Rd. Overland Mo  
19. (a) 6-21-46 (b) Edm. Ganamin  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 19  
year 1946 hour 8 minute 45 P.M.

21. I hereby certify that I attended the deceased from June 11, 1946, to June 19, 1946; that I last saw him alive on June 19, 1946, and that death occurred on the day and hour stated above.

Immediate cause of death MYOCARDIAL FAILURE

Due to SENILITY 8300-11

Due to ARTERIO SCLEROSIS AND APOPLEXY

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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 H. Zahrtz, M.D. (M. D. or other) \_\_\_\_\_  
Address 601 Brentwood Date signed 6/20/46

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

20139

---

---

**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..... *Oscar F. Mueller* .....

Licensed Embalmer No. *3039* .....

P. O. Address..... *Overland 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.**