S. No. 2
M—2-43
5-17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 23 1947

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

2464

State File No. 323

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

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution 2816a - Dickson
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution -
(Specify whether
In this community 19 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 21

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

(d) Street No. 2816a Dickson Street
(If rural, give location)

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

If yes, name country -

3. (a) PRINT FULL NAME Israel Farrow

3. (b) If veteran, name war -

3. (c) Social Security No. 333-01-9883

4. Sex Male 2

5. Color or race Col.

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Sidney Farrow

6. (c) Age of husband or wife if alive 40 years

7. Birth date of deceased 2 (Month) 5 (Day) 1898 (Year)

8. AGE:

Years	Months	Days	If less than one day
48	10	29	hr. min.

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

10. Usual occupation Laborer

11. Industry or business Amer. Steel Co.

FATHER
12. Name Phillipp Homer Farrow
13. Birthplace ColdWater (City, town, or county) Miss. (State or foreign country)

MOTHER
14. Maiden name Carrie White
15. Birthplace ColdWater (City, town, or county) Miss. (State or foreign country)

16. (a) Informant Sidney Farrow-Wife of Decea
(b) Address 2816a Dickson St.St.Louis,

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-11-1947 (Month) (Day) (Year)

(c) Place: burial or cremation Oakdale Cem

18. (a) Signature of funeral director W. M. Parrott
(b) Address 1245 Glasgow Ave.St.Louis

19. (a) JAN 11 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 4 year 1947 hour 5 minute 25 P.M.

21. I hereby certify that I attended the deceased from January 1 1947, 19 to Jan. 4, 1947 that I last saw him alive on Jan 4, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Silicosis

Due to Occupation

Due to Abscess of Lung

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration: About a year

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 [illegible] (M. D. or other)

Address 4 So Compton Ave Date signed 1/8/47

(Licensed Embalmer's Statement on Reverse Side)

Embalmed

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 James A. Phillips

Licensed Embalmer No. 3522

P. O. Address 3506 Franklin

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.