

S. No. 2
DM-5-43
v. 5172
7-1-53471

THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **6250**

Registration District No. **1**

318

Primary Registration District No. **1003**

Registrar's No. **2177**

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

1. PLACE OF DEATH:

(a) County St. Louis, Mo.

(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: Jewish Hospital
(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 Mo. (b) County 000

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

(d) Street No. 728 Bayard Ave.
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Harry R. Farmer

3. (b) If veteran, name war None

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 28
year 1947 hour 8:45 minute A.M.

21. I hereby certify that I attended the deceased from JAN 26 1947
_____, 19____, to FEB 28, 19____;

that I last saw him alive on 27 FEB '47, 19____;
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 Marie

6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased Sep't. 8 1888
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
<input checked="" type="checkbox"/>	<u>58</u>	<u>5</u>	<u>20</u>	hr. _____ min. _____

Immediate cause of death _____

Carcinoma of Lung, Right

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Wholesale Auto Accessories

11. Industry or business For Self

MOTHER FATHER {

12. Name Harry Farmer

13. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Johanna Reidy

15. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Marie R. Farmer

(b) Address 728 Bayard Ave.

17. (a) Burial (b) Date thereof 3 3 47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cem.

18. (a) Signature of funeral director Kriegshauser Und. Co.

(b) Address 4228 So. Kingshighway Bl.

19. (a) MAR 4 1947 (b) J. F. Bredeck
1. (Date received by Registrar) 2. (Registrar's signature)

Major findings: _____

Of operations _____

Of autopsy Carcinoma of Lung + Metastases

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature James Freedman MD (M. D. or other) _____

Address 634 No. Grand Blvd Date signed Mar 1947

2276

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 *Edwin M. Herriott*
Licensed Embalmer No. *3024*

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.