

FILED JAN 9 1948  
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: 5453a Magnolia Ave.  
(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..... ada

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

(d) Street No. 13 5453a Magnolia Ave.  
(If rural, give location)

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

If yes, name country.....

3. (a) PRINT FULL NAME..... JENNIE L. FARMER

3. (b) If veteran, name war..... None

3. (c) Social Security No. ....

4. Sex..... Female

5. Color or race..... White

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

6. (b) Name of husband or wife..... Late James D.

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

7. Birth date of deceased..... Dec. 13 1871  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... Dec. day..... 29  
year..... 1947 hour..... 11:30 minute..... 12 P. M.

21. I hereby certify that I attended the deceased from..... 12/1/47  
..... 19..... to..... 12/29 19..... 47  
that I last saw h..... alive on..... 12/29 19..... 47  
and that death occurred on the date and hour stated above. Duration

Immediate cause of death..... Chronic Myocarditis

8. AGE:

Years	Months	Days	If less than one day
<u>76</u>	<u>0</u>	<u>16</u>	..... hr. .... min.

Due to..... Chronic Bronchiectasis

Due to.....

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

Major findings:  
Of operations.....

Of autopsy.....

PHYSICIAN

Underline the cause of which death should be charged statistically.

9. Birthplace..... Prairie View Ark.  
(City, town, or county) (State or foreign country)

10. Usual occupation..... Housework

11. Industry or business.....

12. Name..... James R. LaFerre

13. Birthplace..... France  
(City, town, or county) (State or foreign country)

14. Maiden name..... Martha Smith

15. Birthplace..... Tenn.  
(City, town, or county) (State or foreign country)

16. (a) Informant..... Virginia Wamhoff  
(b) Address..... 5453a Magnolia Ave.

17. (a) Burial (b) Date thereof..... 1-2-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... Sunset Burial Park

18. (a) Signature of funeral director..... Kriegshauser Und. Co.  
(b) Address..... 4228 So. Kingshighway Bl.

19. (a) DEC 30 1947 (b) J. T. Bredack  
(Date received local registrar) (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?..... (Specify type of place)

While at work..... (e) Means of injury.....

23. Signature..... Chas. O. [unclear] (M. D. or other)  
Address..... 3102 So. DePaul Date signed..... 12/30/47

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

MOTHER FATHER

3102-80  
11-2

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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 Richard W. Stovesand

Licensed Embalmer No. 4007

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.