

FILED FEB 2 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2766
Registrar's No. 0685

318

1003

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

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		State File No. 2766		Registrar's No. 0685					
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____									
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN St. Louis			c. LENGTH OF STAY (in this place) _____			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2099							
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Enroute to City Hospital				d. STREET ADDRESS (If rural, give location) 1901 E. DeSoto Ave.									
3. NAME OF DECEASED (Type or Print) a. (First) Everett			b. (Middle) A.			c. (Last) Farley Sr.			4. DATE OF DEATH (Month) (Day) (Year) January 21, 1952.				
5. SEX 0 male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Jan. 30, 1889		9. AGE (In years last birthday) 62		IF UNDER 1 YEAR Months Days		IF UNDER 6 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Custodian				10b. KIND OF BUSINESS OR INDUSTRY _____				11. BIRTHPLACE (State or foreign country) Festus, Missouri. 0			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME Ira Farley				13b. MOTHER'S MAIDEN NAME Izora Brewster				14. NAME OF HUSBAND OR WIFE Alta Farley					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no				16. SOCIAL SECURITY NO. 499-12-6396		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Alta Farley 1901 E. DeSoto Ave.							
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Apoplexy ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic myocarditis with hypertension DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Acute indigestion								INTERVAL BETWEEN ONSET AND DEATH 1 hr 5 yrs 1 hr			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____											
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____				21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____							
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? H-H-3X									
22. I hereby certify that I attended the deceased from Dec. 20, 1951, to Dec. 29, 1951, that I last saw the deceased alive on Dec. 29, 1951, and that death occurred at 10:00 m., from the causes and on the date stated above.													
23a. SIGNATURE (Degree or title) John C Creane M.D.						23b. ADDRESS 2588 N 14th			23c. DATE SIGNED 1-22-52				
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 1-24-52		24c. NAME OF CEMETERY OR CREMATORY Mt. Hope Cemetery				24d. LOCATION (City, town, or county) (State) Lemay, Missouri.					
DATE REC'D BY LOCAL REG. JAN 22 1952		REGISTRAR'S SIGNATURE [Signature] MO.				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Math Hermann & Son, Inc. 2151 E. Fair Ave.							

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.....

.....
Student Embalmer No.
working under my personal supervision.

Student
Student Embalmer

Signed *Oliver W. Holz*.....

Licensed Embalmer No. *37372*.....

P. O. Address *St. Louis, 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.