

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **17964**
Registrar's No. **4849**

FILED JUN 16 1952

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY	
b. CITY OR TOWN St Louis, Mo.		c. CITY OR TOWN St Louis, Mo.	
c. LENGTH OF STAY (In this place) 40 W		d. STREET ADDRESS (If rural, give location) 5517 Palm St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 5517 Palm Street		6	
3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) Edward c. (Last) Farrar			4. DATE OF DEATH (Month) (Day) (Year) 5 - 24 - 1952
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH 5-6-1877
9. AGE (In years last birthday) 75		IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Woodworker		10b. KIND OF BUSINESS OR INDUSTRY Goodfellow Lmbr Co.	11. BIRTHPLACE (State or foreign country) Perry Co. Mo
13a. FATHER'S NAME John W. Farrar		13b. MOTHER'S MAIDEN NAME Mallissa Cook	14. NAME OF HUSBAND OR WIFE Chloe Byrd Farrar
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. 488-07-1436A	17. INFORMANT'S SIGNATURE OR NAME 5517 Palm St.
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Krenia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Chronic Nephritis DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 592X	
22. I hereby certify that I attended the deceased from Jan 15, 1952 to May 24, 1952 that I last saw the deceased alive on May 24, 1952 , and that death occurred at 8:30 A. M. , from the causes and on the date stated above.			
23a. SIGNATURE Carl Smith, M.D.		23b. ADDRESS 2202 W. Main St.	23c. DATE SIGNED 5/26/52
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 5-27-1952	24c. NAME OF CEMETERY OR CREMATORY Brazeau, Mo. Cemetery	24d. LOCATION (City, town, or county) (State) Brazeau, Mo.
DATE REC'D BY LOCAL REG. MAY 26 1952		REGISTRAR'S SIGNATURE Carl Smith, M.D.	
25. FUNERAL DIRECTOR'S SIGNATURE KRAEGER-FENWICK Funeral Home		ADDRESS 3402 N. Kingshighway	

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

Dr Arthur Gundlach
2202 University St.
Ce 3995.

12:45 P.M. 5-26-52.

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.....

Thomas R. Penwick

Licensed Embalmer No.

3793

P. O. Address.....

3402 N. Kensington

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.