

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25766

State File No.

FILED JUL 22 1952

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **6404**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis 0		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis 0	
c. LENGTH OF STAY (in this place) 3 hrs		d. STREET ADDRESS (If rural, give location) 4411 Washington Blv'd.	
d. FULL NAME OF HOSPITAL OR INSTITUTION City Hospital		14. NAME OF HUSBAND OR WIFE Lillian Farwig	
3. NAME OF DECEASED (Type or Print) a. (First) Bernard	b. (Middle) A.	c. (Last) Farwig	4. DATE OF DEATH (Month) (Day) (Year) July 1, 1952
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower 2	8. DATE OF BIRTH Oct. 24, 1869
9. AGE (In years last birthday) 82	IF UNDER 1 YEAR Months 8	IF UNDER 1 MRS. Days 8	IF UNDER 4 MRS. Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Night watchman	10b. KIND OF BUSINESS OR INDUSTRY Shell Oil Co.	11. BIRTHPLACE (State or foreign country) Illinois 7	12. CITIZEN OF WHAT COUNTRY? U. S.
13a. FATHER'S NAME Bernard Farwig Sr.	13b. MOTHER'S MAIDEN NAME Anna Schaff	14. NAME OF HUSBAND OR WIFE Lillian Farwig	
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. 499-05-2306	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Loretta Gettimeler, Florissant, Mo	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		In skull, when he fell down the steps at home	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		Accident	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, public bldg., etc.) Home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St Louis Mo	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) July 1 52 5A	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? rod	E9000
22. I hereby certify that I attended the deceased from 3 19 , to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 850A m., from the causes and on the date stated above. 21			
23a. SIGNATURE (Degree or title) Catharine E Taylor Crown		23b. ADDRESS 1300 Clark	23c. DATE SIGNED 7.3.52
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 0	24b. DATE 7/5/52.	24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis, Mo.
DATE REC'D BY LOCAL REG. JUL 3 1952	REGISTRAR'S SIGNATURE Carl Smith MD	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS White Chapel, Ferguson, Mo.	

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

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 *L. M. White* _____

Licensed Embalmer No. *3973* _____

P. O. Address *Jerguson, 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.