

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

43402

FILED JAN 10 1953

State File No. ....

BIRTH NO. 90428 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 11452

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

c. CITY OR TOWN St. Louis

d. FULL NAME OF HOSPITAL OR INSTITUTION Firmin Desloge Hospital

d. STREET ADDRESS (If rural, give location) 1 6829 So. Broadway, 11

3. NAME OF DECEASED (Type or Print)  
a. (First) Richard b. (Middle) Marshall c. (Last) Farrow

4. DATE OF DEATH (Month) (Day) (Year)  
12 10 52

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 0

8. DATE OF BIRTH 12-10-52

9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 12 HRS. Hours Min. 21 35

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) St. Louis, Mo. 0

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME William Marshall Farrow

13b. MOTHER'S MAIDEN NAME Rosalie Julia Meyer

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S SIGNATURE OR NAME ADDRESS  
Rosalie Julia Farrow 6829 So. Broadway

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Congenital Atelectasis  
ANTECEDENT CAUSES  
DUE TO (b) Prematurity  
DUE TO (c)  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH  
21 hours

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?  
YES  NO

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) (Min.)

21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? 7625

22. I hereby certify that I attended the deceased from Dec. 10, 1952, to Dec. 10, 1952, that I last saw the deceased alive on Dec. 10, 1952, and that death occurred at 11:40 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) A. R. Sharp M.D.

23b. ADDRESS Firmin Desloge Hospital

23c. DATE SIGNED 12/10/52

24a. BURIAL, CREMATION, REMOVAL (Specify)

24b. DATE 12-12-52

24c. NAME OF CEMETERY OR CREMATORY Memorial Park

24d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.

DATE REC'D BY LOCAL REG. DEC 12 1952

REGISTRAR'S SIGNATURE J. Carl Smith M.D.

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS McBullen & Kelly 4386 Lindell Rd

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

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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.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed..... *NOT Embalmed*

Licensed Embalmer No.....

P. O. Address *Royd E Holmes*

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.