

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37166

State File No.

FILED OCT 23 1953

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 9708

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 township) St. Louis		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN St. Louis			
d. FULL NAME OF HOSPITAL OR INSTITUTION 4139 Miami St.		STREET ADDRESS (If rural, give location) 16 1/2 4139 Miami St.		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or Print) Howard Fremont Farley		a. (First) b. (Middle) c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) Oct. 10 1953			
5. SEX M		6. COLOR OR RACE -W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) -Married			
8. DATE OF BIRTH Feb. 19, 1889		9. AGE (In years last birthday) 64		IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sales Manager		10b. KIND OF BUSINESS OR INDUSTRY Free- Westinghouse		11. BIRTHPLACE (City and State or Foreign Country) Columbus, Ohio			
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Willis Farley		13b. MOTHER'S MAIDEN NAME Olive Spring			
14. NAME OF HUSBAND OR WIFE Nellie C. Farley		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes WW I		16. SOCIAL SECURITY NO. 489-05-5599			
17. INFORMANT'S SIGNATURE OR NAME Nellie C. Farley		ADDRESS 4139 Miami 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Arteriosclerosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic degeneration</u> 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 <u>12 hrs</u> <u>4 years</u>	
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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>4201</u>			
22. I hereby certify that I attended the deceased from <u>11/22/1949</u> , to <u>10-10, 1953</u> , that I last saw the deceased alive on <u>Oct 10, 1953</u> , and that death occurred at <u>2:00P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>John V. Lawrence</u>		23b. ADDRESS <u>M 90 634 No. Grand Ave St. Louis 3</u>		23c. DATE SIGNED <u>10-12-53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Oct. 13, 1953		24c. NAME OF CEMETERY OR CREMATORY National Cemetery		24d. LOCATION (City, town, or county) (State) Jefferson Barracks, Mo.	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE OCT 13 1953 <u>J. Carl Smith MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>C. Hoffmeister</u>		ADDRESS Colonial Mortuary 616 1/2 Chippewa St., St. Louis, Mo.			

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

Dr. John V. Lawrence
634 No. Grand Ave.,
LU 7197
FO 2876

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.....
Signature of Student Embalmer

Signed..... *Harry J. Edmunds, embalmer*
Licensed Embalmer No. *2679*
P. O. Address *7874 S. Broadway*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.