

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

40429

FILED NOV 27 1953

State File No. _____
Registrar's No. **10914**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. _____		Registrar's No. 10914				
I. PLACE OF DEATH					2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)							
a. COUNTY _____					a. STATE Missouri		b. COUNTY _____					
b. CITY (If outside corporate limits, write RURAL and give town or township) St. Louis			c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis							
d. FULL NAME OF HOSPITAL OR INSTITUTION DOA City Hospital					d. STREET ADDRESS (If rural, give location) 24 2801 S. Broadway							
3. NAME OF DECEASED (Type or Print)			a. (First) ALEXANDER		b. (Middle) _____		c. (Last) FARKAS		4. DATE OF DEATH (Month) (Day) (Year) 11-9-53			
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single		8. DATE OF BIRTH unknown		9. AGE (In years last birthday) 74?		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) retired butcher				10b. KIND OF BUSINESS OR INDUSTRY Packing Co.		11. BIRTHPLACE (State or foreign country) Austria			12. CITIZEN OF WHAT COUNTRY? unk.			
13a. FATHER'S NAME Steve Farkas				13b. MOTHER'S MAIDEN NAME unknown				14. NAME OF HUSBAND OR WIFE none				
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. 495-24-0940		17. INFORMANT'S SIGNATURE OR NAME Mary Zdellar, 4133 Manchester						ADDRESS
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) _____												
ANTECEDENT CAUSES												
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.												
DUE TO (b) Chronic Myocarditis												
DUE TO (c) Chronic Int. Nephritis												
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 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) _____			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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 6:55 p.m., from the causes and on the date stated above.												
23a. SIGNATURE Patrick E. Taylor (Degree or title) 3 Coronet					23b. ADDRESS 1300 Clark				23c. DATE SIGNED 11.17.53			
24a. BURIAL, CREMATION, REMOVAL (Specify) burial			24b. DATE 11-13-53		24c. NAME OF CEMETERY OR CREMATORY St. Matthews Cem.			24d. LOCATION (City, town, or county) (State) St. Louis, Mo.				
DATE REC'D BY LOCAL REG. NOV 17 1953			REGISTRAR'S SIGNATURE Carl Smith				25. FUNERAL DIRECTOR'S SIGNATURE Rowland-Aker, 4104 Manchester					ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

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

J. Allen Davis

Licensed Embalmer No. _____

4653

P. O. Address _____

St. Louis

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.