URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS OCT 1 9 1959

59-037573

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 2 8520

AMENDED

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, give TOWNSHIP only) OR TOWN St. Louis — Length of stay in 1b 1 Week

c. CITY OR TOWN Ferguson — Inside Limits Yes ☐ No ☐

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) DePaul Hospital — Inside Limits Yes # No ☐

d. STREET ADDRESS (If outside, give location) 420 Harrison Ave. — Reside on Farm Yes ☐ No #

3. NAME OF DECEASED (Type or print) First Carmelo Middle Last Farnese

4. DATE OF DEATH Month Day Year Sept. 14, 1959

5. SEX Male

6. COLOR OR RACE White

7. Married # Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH 5-14-86

9. AGE (last birthday) 73 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.

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

10b. KIND OF BUSINESS OR INDUSTRY Shoe

11. BIRTHPLACE (City and state or country) Sicily

12. CITIZEN OF WHAT COUNTRY U. S.

13a. FATHER'S NAME Andrew Farnese

13b. MOTHER'S MAIDEN NAME Benedetta Naimo

14. NAME OF HUSBAND OR WIFE Rosalia Farnese

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

16. SOCIAL SECURITY NO. 498-03-0391

17. INFORMANT Address Jack Hoskins, Ferguson, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY: Surgical shock by removal of a good portion of the sigmoid; Secondary is coronary sclerosis left; while under going operation at De Paul Hospital on September 14, 1959 Accident

IMMEDIATE CAUSE (a)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 154 X

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of Item 18.) See above

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year 9-14-59

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) OBS hospital

20f. CITY, TOWN, OR LOCATION St Louis — COUNTY Missouri — STATE

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____

Death occurred at 3:45 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or Title) Paul J. Simon Deputy Coroner

22b. ADDRESS 1300 Clark

22c. DATE SIGNED 9/16/59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 9-17-59

23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery

23d. LOCATION (City, town, or county) (State) St. Louis, Mo.

24. FUNERAL DIRECTOR White-Mullen Mort. — ADDRESS Ferguson, Mo.

25. DATE RECD. BY LOCAL REG. SEP 16 59

26. REGISTRAR'S SIGNATURE Karl Smith, M.D. MDB

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

BY AFFIDAVIT OF operation for Cu. of Rectum

DOCUMENT

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by m

or by Self, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Reinhold K. Lohrm

Signature of Student Embalmer

Licensed Embalmer No. 3395

P. O. Address St Louis 35

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp 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.