

ILLINOIS DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS DEC 3 0 1960 318 Primary Registration District No. 1003 Registrar's No. 11787 60-047471 STATE FILE NUMBER

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| 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, give TOWNSHIP only) OR TOWN St. Louis | | c. CITY OR TOWN St. Louis | |
| Length of stay in lb 18 Yrs. | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION E/R to City Hosp. | | d. STREET ADDRESS (If outside, give location) 3552 S. Broadway | |
| Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |

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| 3. NAME OF DECEASED (Type or print) First JOHN Middle M. Last FARRIS | 4. DATE OF DEATH Month Dec. Day 7, Year 1960 |
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| 5. SEX Male | 6. COLOR OR RACE White | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 10/28/82 | 9. AGE (last birthday) 78 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HR Hours Min. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer | 10b. KIND OF BUSINESS OR INDUSTRY Retired | 11. BIRTHPLACE (City and state or country) Unk. Missouri | 12. CITIZEN OF WHAT COUNTRY USA |
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| 13a. FATHER'S NAME Jim Farris | 13b. MOTHER'S MAIDEN NAME Mary McFarland | 14. NAME OF HUSBAND OR WIFE Alice Farris |
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| 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. Unknown | 17. INFORMANT Alice Farris, 3552 S. Broadway | Address |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arterio Sclerotic Heart Disease | | INTERVAL BETWEEN ONSET AND DEATH |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | DUE TO (b) Generalized Arterio Sclerosis | |
| | DUE TO (c) 4200 | |

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| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | |
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| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) |
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| 20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____ |
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| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION COUNTY STATE |
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21. I attended the deceased from _____ to _____ and last saw her/him alive on _____
Death occurred at _____ **5:00 A** m on the date stated above, and to the best of my knowledge, from the causes stated.

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| 22a. SIGNATURE Paul J. Levin (Degree or Title) Deputy Coroner | 22b. ADDRESS 1300 Clark | 22c. DATE SIGNED 12/8/69 |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 23b. DATE 12/10/60 | 23c. NAME OF CEMETERY OR CREMATORY New St. Marcus | 23d. LOCATION (City, town, or county) St. Louis Co., Mo. |
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| 24. FUNERAL DIRECTOR McLaughlin, 2301 Lafayette(4) | 25. DATE RECD. BY LOCAL REG. DEC 8 1960 | 26. REGISTRAR'S SIGNATURE Paul Smith, M.D. |
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____, Student Embalmer No. _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____
James R. Chapman

Licensed Embalmer No. _____
4

P. O. Address _____
St. Louis

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