SOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-022525
STATE FILE NUMBER

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5335

FILED JUN 1 6 1961

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 5220 Waterman
Inside Limits Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY
c. CITY OR TOWN St. Louis
Inside Limits Yes ☒ No ☐
d. STREET ADDRESS 5220 Waterman (If outside, give location)
Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Simeon Middle Thomas Last Farrington
4. DATE OF DEATH Month June Day 6 Year 1961
5. SEX male
6. COLOR OR RACE White
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH Dec. 21, 1891
9. AGE (last birthday) 69
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) Salesman
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Iron County Mo.
12. CITIZEN OF WHAT COUNTRY U. S. A.
13a. FATHER'S NAME Edward Jackson Farrington
13b. MOTHER'S MAIDEN NAME Josephine B. Shular
14. NAME OF HUSBAND OR WIFE
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.
17. INFORMANT Dr. Ralph Rawson Address 257 E. Delaware St. Chicago Ill.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Carcinoma of Prostate — INTERVAL BETWEEN ONSET AND DEATH 2 yrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Metastasis bone & abdominal
DUE TO (c) 177X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Cardiac enlargement
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.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year,
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.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from 7/28/57, to 6/7/61 and last saw him alive on 6/6/61
Death occurred at 6/7/61 1:30 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE Carl A. Wattenberg (Degree or title) M.D.
22b. ADDRESS 3720 Washington Ave
22c. DATE SIGNED 6/7/61
23a. BURIAL, CREMATION, REMOVAL (Specify) Cremation
23b. DATE June 8, 1961
23c. NAME OF CEMETERY OR CREMATORY Valhalla Crematory
23d. LOCATION (City, town, or county) St. Louis Co. (State) Mo.
24. FUNERAL DIRECTOR Bull-Campbell Mortuary
ADDRESS 5165 Delmar
25. DATE RECD. BY LOCAL REG. JUN 8 1961
26. REGISTRAR'S SIGNATURE Earl Smith, M.D.

DATE AMENDED
INSTEAD OF
DOCUMENT
ITEM NO. SHOULD READ
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 me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Stanley H. Dixon

Licensed Embalmer No. 4193

P. O. Address St. Louis

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.