

Health, Welfare Public Service

FILED SEP 23 1957

STANDARD CERTIFICATE OF DEATH

1003

33473 8397
STATE FILE NUMBER

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

300
1-57

1. PLACE OF DEATH a. COUNTY <i>Missouri</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Barry</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>St. Louis</i>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>Wheaton</i> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Mo. Pac. Hosp.</i>		Length of stay in lb	3) d. STREET ADDRESS (If outside, give location) <i>31</i> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <i>Bert</i> Middle <i>Lee</i> Last <i>Farley</i>			4. DATE OF DEATH Month <i>Sept.</i> Day <i>6</i> Year <i>1957</i>		
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>April 4, 1885</i>	9. AGE (In years last birthday) <i>72</i>	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) <i>Sheet Metal worker</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Mo. Pac. R. R.</i>	11. BIRTHPLACE (City and state or country) <i>Lamont, Missouri</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
13a. FATHER'S NAME <i>Unavailable Farley</i>		13b. MOTHER'S MAIDEN NAME <i>Unavailable</i>		14. NAME OF HUSBAND OR WIFE <i>Rebecca Farley</i>	

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>	16. SOCIAL SECURITY NO. <i>Nil</i>	17. INFORMANT <i>Luda Elmore, San Antonio, Texas.</i>	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) <i>Peritonitis</i>		INTERVAL BETWEEN ONSET AND DEATH <i>Sev. days</i>
DUE TO (b) <i>Perforated duodenal Ulcer</i>		
DUE TO (c) <i>541.1</i>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Trans urethral Prostatectomy 8/2/57 Acute Nephritis - congest. heart failure</i>		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		
20d. INJURY OCCURRED WHILE AT <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

21. I attended the deceased from <i>8/26/57</i> to <i>9/6/57</i> and last saw her/him alive on <i>9/6/57</i> Death occurred at <i>2:40</i> p.m. on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE (Degree or title) <i>Edward J. Wozniak M.D.</i>	22b. ADDRESS <i>Mo. Pac. Emp. Hosp.</i>	22c. DATE SIGNED <i>9/7/57</i>

23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>	23b. DATE <i>9-7-57</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Local</i>	23d. LOCATION (City, town, or county) (State) <i>Wheaton, Missouri</i>
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24. FUNERAL DIRECTOR <i>Albert H. Hoppe, 4700 Washington Blvd.</i>	25. DATE RECD. BY LOCAL REG. <i>SEP 7 57</i>	26. REGISTRAR'S SIGNATURE <i>J. Earl Smith M.D.</i>
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Vertical text on the left margin: All diseases in Part I must be causally related.

SEP 23 1951

SEP 26 1951

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 *Oliver R. Padgett*

Licensed Embalmer No. *4079*
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.