

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.
39665
10652

DEC 13 1937
PLACE OF DEATH

791
1003

(a) County Registration District No.
 (b) Township Primary Registration District No.
 (c) City **St. Louis, Mo.** (d) Street No. **DePaul Hospital** St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Edward A. McFarland
 (a) Residence, No. **4606a Delmar Boulevard** St. **12** (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widower**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **February 17th, 1885**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
52 8 29

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Dealer**
 9. Industry or business in which work was done, as saw mill, bank, etc. **(Hyde Park Club)**
 10. Date deceased last worked at this occupation (month and year) **NOV. 5, 1937** 11. Total time (years) spent in this occupation **35 Yrs**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **New York**

13. NAME (Unknown) **McFarland**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**

15. MAIDEN NAME **Unknown**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**

17. INFORMANT **Mrs Pauline Nichols** (ADDRESS) **4419a Fair Avenue**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Calvary** DATE **November 19, 1937**

19. FUNERAL DIRECTOR **Albert H. Hoppe Inc.,** (ADDRESS) **429 N. Euclid Avenue**

20. FILE NO. **NOV 17 1937** **J. Bredeck** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **November 16th 1937**

22. I HEREBY CERTIFY, That I attended deceased from **Nov. 9, 1937** to **Nov. 16, 1937**

I last saw him alive on **Nov 16, 1937** Death is said to have occurred on the date stated above, at **7:10 P.M.**

The principal cause of death and related causes of importance were as follows:

pneumonia lobes (left)
myocarditis (chronic)

Name of operation **typical + subtotal** Date of operation
 What test confirmed diagnosis? Was there an autopsy? **no**

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury 19.....
 Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased? **no**
 If so, specify **Fl. L. Gibbs** (Signed) M. D.
 (Address) **5-298 page**

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

OCCUPATION 653
FATHER 2
MOTHER 31

STATEMENT BY LICENSED EMBALMER

I, Guy W. Wilkinson, Licensed Embalmer No. 3575

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed

Guy W. Wilkinson

Licensed Embalmer No. 3575

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.)