

AUG 12 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

791  
1003

23780  
Do not use this space.

6474

1. PLACE OF DEATH

(a) County ..... Registration District No. ....  
 (b) Township ..... Primary Registration District No. ....  
 (c) City St. Louis (d) Street No. St. Mary's Infirmary Registered No. ....  
 (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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Sarah Farrar

(a) Residence, No. 2644 Bernard St. 22 (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

9. SEX Female  
 4. COLOR OR RACE Colored  
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Unknown  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2 - 28 - 1897  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
41 4 16

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife  
 9. Industry or business in which work was done, as saw mill, bank, etc.  
 10. Date deceased last worked at this occupation (month and year)  
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mississippi

FATHER 13. NAME Douglas Newton

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mississippi

MOTHER 15. MAIDEN NAME Sallie Norris

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mississippi

17. INFORMANT Emma Brown  
 (ADDRESS) 4106 Enright Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington Park DATE 7/21, 1938

19. FUNERAL DIRECTOR (NAME) C. W. Roberts  
 (ADDRESS) 3035 Lucas Ave.

20. FILED JUL 20 1938 J. D. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-14, 1938

22. I HEREBY CERTIFY, That I attended deceased from 6/15 1938 to 7/14 1938  
 I last saw her alive on 7/14 1938 Death is said to have occurred on the date stated above, at St. Mary's Infirmary  
 The principal cause of death and related causes of importance, were as follows:

Ac. Pulmonary edema secondary to Ac. Cardiac Failure  
Multiple Nodular Fibroid Tumor of Uterus  
 Other contributory causes of importance: non-malignant Chr. Myocarditis  
Cyst of Left Ovary, non-malignant  
Hypert. Stenosis Rt. Subcl.  
 Name of operation Resectomy Date of 7/12/38  
 What test confirmed diagnosis? Coupler (If there an autopsy?) no

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? No Date of injury ....., 19...  
 Where did injury occur? ....., 19... (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.  
 Manner of injury None  
 Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No  
 If so, specify Geo. S. Mcham M. D.  
 (Signed) Geo. S. Mcham (Address) 1006 So Jefferson  
7/15/38

WRITE PLAINLY WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

1 X14023

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,

*Chas. Garner*

or by *me*

Registered Apprentice No. \_\_\_\_\_, working under my personal supervision.

Signed *Chas. Garner*

Licensed Embalmer No. *2349*

P. O. Address \_\_\_\_\_

**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 this body is not embalmed, above space should be left blank.**