EP 28 1938 OCT 6 1938

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

Do not use this space.

1. PLACE OF DEATH
County Saint Louis — Registration District No. 784 — File No. 33359
Township Carondelet — Primary Registration District No. 200 — Registered No. 1578
City ~~Jefferson Barracks~~ (No. Veterans ADm. Facility St. Ward)

2. FULL NAME Wardy P. FARRAR
(a) Residence, No. 2631 Bernard Street St., Ward. Saint Louis, Missouri.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred Unkn. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
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: Mrs. Mary Farrar
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): January 14, 1891
7. AGE: YEARS 47 — MONTHS 8 — DAYS 10 — If LESS than 1 day, ...hrs. or ...min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer
9. Industry or business in which work was done, as silk mill, 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): Perry County, Missouri.

FATHER
13. NAME: Charles Farrar
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unavailable, Unavailable

MOTHER
15. MAIDEN NAME: Willie Farrar
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unavailable

17. INFORMANT (ADDRESS): Clinical Clerk, VAF Jefferson Barracks, Missouri.
18. BURIAL, CREMATION, OR REMOVAL
PLACE: National Cemetery Sept. 29, 1938
19. UNDERTAKER (ADDRESS): Charles J. Gallo, 4107 Finney Avenue
20. FILED SEP 28 1938 19 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): September 24, 1938

22. I HEREBY CERTIFY, That I attended deceased from September 22, 1938 to September 24, 1938
I last saw him alive on September 24, 1938 Death is said to have occurred on the date stated above, at 3:40 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Nephritis, chr. with nitrogen retention and uremia.	Unkn.
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Other contributory causes of importance:	
Arteriosclerosis, generalized.	Unkn.
Hypertension, severe,	"
Myocardial Insufficiency.	"
Tertiary Syphilis	"

Name of operation: None — Date of
What test confirmed diagnosis? Phy. clinical manif. and laboratory. 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?
If so, specify [signature]
(Signed) C. W. HUGHES, Chief Med. Officer, M. D.
(Address) VAF Jeff. Barraks, Missouri.

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.

STATEMENT OF LICENSED EMBALMER

I, James A. Johnson Licensed Embalmer No. 3522, hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me.

James A. Johnson
Licensed Embalmer No. 3522.