

NOV 15 1938

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

34108
Do not use this space.

1. PLACE OF DEATH

(a) County.....
(b) Township.....
(c) City St. Louis Mo.
(d) Street No. 2940 Thomas St.
(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
791
1008

Registered No. 9094

2. PRINT FULL NAME Dallas Farrar

(a) Residence, No. 2940 Thomas St. 21
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male
4. COLOR OR RACE Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 18, 1938

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

22. I HEREBY CERTIFY, That I attended deceased from 10/18/38 to 10/18/38
I last saw him alive on 10/18/38 Death is said to have occurred on the date stated above, at 3 A m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) About 1878
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or mts. About 60

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

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

De compensating kidney & heart trouble (arteriosclerosis) with true congestive failure no stones. Chr. nephritis

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Athene Alabama

Other contributory causes of importance: Arteriosclerosis of the brain

FATHER 13. NAME Jim Farrar

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Athene Alabama

MOTHER 15. MAIDEN NAME Gelee ?

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Athene Alabama

17. INFORMANT (ADDRESS) Lizzie Farrar 2940 Thomas

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington Park DATE Oct 22 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Wright's Funeral Home 3100 Easton Ave.

20. FILED OCT 19 1938 J. F. Bredeck Local Registrar.

Name of operation..... Phys Ex am Date of.....
What test confirmed diagnosis Phys Ex am Was there an autopsy?.....

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..... (Signed) J. F. Bredeck, M. D.
2940 Thomas St

Date of onset 6 mos ago
more or less
our
know

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.