DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34451

Registration District No. 1781 Primary Registration District No. Registrar's No. 8989

1. PLACE OF DEATH: 1003 NOV 23
(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
5221 Westminister Pl
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 35 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 2
(a) State New York (b) County
(c) City or town Flushing L.I. NR
(If outside city or town limits, write "RURAL")
(d) Street No. 42-57 Kissena Blvd
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Juliette B. Farish

3. (b) If veteran, name war
3. (c) Social Security No. None

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years

7. Birth date of deceased Oct (Month) 12 (Day) 1872 (Year)

8. AGE: Years 60 Months 0 Days 10 If less than one day hr. min.

9. Birthplace St Louis (City, town, or county) Mo (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER 12. Name Edward T. Farish
13. Birthplace Woodville (City, town, or county) Miss (State or foreign country)
MOTHER 14. Maiden name Elizabeth Garesche
15. Birthplace Bloomington (City, town, or county) Del (State or foreign country)
16. (a) Informant's own signature J. B. Farish
(b) Address 5221 Westminster
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 23 1939 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director Wagoner Und Co
(b) Address 3621 Olive St
19. (a) OCT 22 1939 (Date received and filed in registrar's office) (b) J. F. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 22
year 1939 hour 5 minute 40 A.M.
21. I hereby certify that I attended the deceased from Oct 17, 1939, to Oct 22, 1939; that I last saw her alive on Oct 21, 1939; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral hemorrhage	5 days
Due to arterial sclerosis	years
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury:
23. Signature Wallace Fisher (M. D. or other) MD
Address 3720 Washington Date signed Oct 22

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

Rev. 5-17-39
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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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Neville D. Fro Lwitte

Licensed Embalmer No. 3696

P. O. Address 3621 Olive

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.