

Registration District No. 701
1006 Primary Registration District No. 111 FEB 17

1. PLACE OF DEATH:
(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:
4424 Neosho Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County _____
(c) City or town St. Louis 15
(If outside city or town limits, write "RURAL")
(d) Street No. 4424 Neosho Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

3. (a) PRINT FULL NAME Emma Farley 640
3. (b) If veteran, name war None
3. (c) Social Security No. None

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Late J.E. Farley
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased March 17 1878
(Month) (Day) (Year)

8. AGE: Years 61 Months 9 Days 26
If less than one day _____ hr. _____ min.

9. Birthplace Emma Illinois
(City, town, or county) (State or foreign country)
10. Usual occupation Housewife

11. Industry or business _____
12. Name Henry Absher 9
13. Birthplace _____ Unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace _____ Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. Eula Engel
(b) Address 4424 Neosho Ave.

17. (a) Burial (b) Date thereof 1-15-40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Kriegshauser Mortuar
(b) Address 4228 So. Kingshighway

19. (a) JAN 14 1940 (b) _____
(Date received local registrar) (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 12th
year 1940 hour 7:15 minute P.M. M.

21. I hereby certify that I attended the deceased from Jan. 4 - 1940
_____, 1940 to Jan 12, 1940
that I last saw her alive on Jan 12, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis 8 days
Duration

Due to _____
Due to _____
Other conditions Hypertension
Chronic Myocarditis
(Include pregnancy within _____ 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? _____

23. Signature Francis S. Weinal (M. D. or other) MD.
Address 38 71 So. Kingshighway Date signed 1-17-40
While at work? _____ (Specify type of place) (e) Means of injury _____

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 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

Edwin M. Perumatt

Licensed Embalmer No.

3024

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.

04-11-1