

MAY 15 1940

Registration District No. 791

Primary Registration District No. 1003

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:
4468 North Taylor 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 Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 9
(d) Street No. 4468 North Taylor Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME ROBERT B. FARNSWORTH, 652

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Margaret Farnsworth. 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased September 6, 1872.
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 8th.
year 1940 hour 3 minute 15 P M.

21. I hereby certify that I attended the deceased from Feb. 10, 1940, to April 8, 1940, that I last saw him alive on April 7, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death Carcinomatosis Duration Two months
Due to Carcinoma of right lung. ???

Other conditions None. (Include pregnancy within 3 months of death)

Major findings: Of operations No operation. PHYSICIAN _____

Of autopsy None. 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? _____ (Specify means of injury)

28. Signature Arthur J. Delger (M. D. or other) _____
Address 835 Univ. Club Bldg. Date signed 4-9-40

MOTHER FATHER

12. Name George W. Farnsworth.

13. Birthplace Hartford, Connecticut.
(City, town, or county) (State or foreign country)

14. Maiden name Marie Madduck.

15. Birthplace Dublin, Ireland.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. Myrtle Delger.
(b) Address 4468 North Taylor Ave.

17. (a) Burial (b) Date thereof 4-11-1940.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery.

18. (a) Signature of funeral director Geo. L. Pleitsch Inc.
(b) Address 5966-68 Easton Ave.

19. (a) APR 10 1940 (b) J. J. Braddock
(Date of local filing) (Registrar's signature)

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.

Dr. Arthur Deppa
Yemenal Club & Co.

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 3454

David C. Gibson, Registered Apprentice No.

working under my personal supervision.

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address 5966 Easton Ave. S.W.

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.