

No. 2
12-40
7-39
X23159

Registration District No. 757

Primary Registration District No. 3036

Registrar's No. 160

1. PLACE OF DEATH:

(a) County St Charles

(b) City or town St Charles

(c) Name of hospital or institution St Joseph Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 weeks
(Specify whether life)

In this community life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County St Charles

(c) City or town Wentzville Rural
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years

3. (a) PRINT FULL NAME Frances Catherine Farr

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 9
year 1940 hour 7 AM minute _____ M.

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
(Day) (Year)

7. Birth date of deceased Aug 26 1898
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from April 1935 to Sept 9 1940, that I last saw her alive on Sept 8 - 1 1940 and that death occurred on the date and hour stated above.

8. AGE: Years 52 Months - Days 9 If less than one day hr. _____ min.

Immediate cause of death Retropentonal carcinoma topis

Due to Carcinoma Breast

Due to _____

9. Birthplace Wentzville MO
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) 50

10. Usual occupation Homemaker

11. Industry or business _____

12. Name Peter Farr

13. Birthplace Wentzville MO
(City, town, or county) (State or foreign country)

14. Maiden name Rosema Matle

15. Birthplace Wentzville MO
(City, town, or county) (State or foreign country)

Major findings: Radical Breast Removal 1935 - adms carcinoma

Of operations _____

Of autopsy _____

16. (a) Informant Peter Farr

(b) Address Wentzville MO

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

(c) Place: burial or cremation Mount Hill MO

18. (e) Signature of funeral director G. E. Peterson

(b) Address Wentzville MO

19. (a) 9/11/40 (Date received local registrar) (b) Clarence H. Healer (Registrar's signature)

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? 679
(Specify type of place) (a) Means of injury _____

23. Signature Vincent A. Schuider (M. D. or other) MA
Address St. Charles MO Date signed Sept 11 - 40

WRITE PLAINLY--USE UNFADING BLACK INK--MAKE A PERMANENT RECORD

MOTHER FATHER

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.....

D. E. Fitzman

Licensed Embalmer No. *2711*

P. O. Address *Wentzville, Mo.*

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, fact should be so stated above.