

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

36381

STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 784

Primary Registration District No. 200

Registrar's No. 1984

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Overland
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2535 Wallis Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis
(c) City or town Overland
(If outside city or town limits, write "RURAL")
(d) Street No. 2535 Wallis Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME

Curtis E. Farrar

3. (b) If veteran, name war _____

3. (c) Social Security No. None

4. Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife

Lacy Farrar

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased July (Month)

13 (Day) 1873 (Year)

8. AGE:

Years

Months

Days

If less than one day

67

3

5

hr. min.

9. Birthplace

(City, town, or county)

(State or foreign country)

10. Usual occupation

Postal Supply

11. Industry or business

U. S. Mail

12. Name

John Farrar

13. Birthplace

(City, town, or county)

(State or foreign country)

14. Maiden name

Maecle Cook

15. Birthplace

(City, town, or county)

(State or foreign country)

16. (a) Informant

Mrs. Lacy Farrar

(b) Address

2535 Wallis Ave.

17. (a)

Burial

(b) Date thereof

10-20-40

(Burial, cremation, or removal)

(Month) (Day) (Year)

(c) Place: burial or cremation

Brazeau Mo.

18. (a) Signature of funeral director

Drehmann-Harral

(b) Address

1905 Union Blvd.

19. (a)

OCT 19 1940

(b)

L. R. May

(Date received local registrar)

(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 18
year 1940 hour 11 minute 30 A. M.

21. I hereby certify that I attended the deceased from FEB 10, 1940, to AUG 30, 1940

that I last saw him alive on AUG 30, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death CORONARY OCCLUSION

Due to CORONARY ARTERIO-SCLEROSIS

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration

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?

While at work?

(Specify type of place)

(e) Means of injury

23. Signature John F. Dwyer, M.D. (M. D. or other) 1

Address 500 E. 1st St. St. Louis, Mo. Date signed 10-19-40

(Licensed Embalmer's Statement on Reverse Side)

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

508 M. Kirkwood Rd.
2-4 P.M.

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.....

A. R. Thompson
working under my personal supervision.

Registered Apprentice No. *248*

Signed *R. M. Sanford*

Licensed Embalmer No. *2273*

P. O. Address *St. Louis*

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.