

No. 2  
1-10-39  
-17-39  
X21492

Registration District No. **784**

Primary Registration District No. **100**

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

**1. PLACE OF DEATH:**  
 (a) County St Louis  
 (b) City or town BRENTWOOD  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Gouldworth Nursing Home  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify, whether years, months or days)  
 In this community 2 months  
(Specify, whether years, months or days)

**8. (a) PRINT FULL NAME** ELIZA M KING  
**8. (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** Widowed  
**6. (b) Name of husband or wife** \_\_\_\_\_ **6. (c) Age of husband or wife if alive** \_\_\_\_\_ years  
**7. Birth date of deceased** FEB 17 1872  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>68</u>	<u>9</u>	<u>9</u>	hr. _____ min. _____

**9. Birthplace** St Louis Mo  
(City, town, or county) (State or foreign country)

**10. Usual occupation** NIL 0

**11. Industry or business** 2

**12. Name** William Farley 1  
**13. Birthplace** CANADA  
(City, town, or county) (State or foreign country)  
**14. Maiden name** APOLINE FREMONT  
**15. Birthplace** New Orleans LA.  
(City, town, or county) (State or foreign country)

**16. (a) Informant** Mary Farley

**(b) Address** St Paul Hosp St Louis

**17. (a) Burial** **(b) Date thereof** 11-29-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

**(c) Place: burial or cremation** CALVARY Cem

**18. (a) Signature of funeral director** Optmann Funeral Home

**(b) Address** 9222 Lockman Overland Mo

**19. (a) NOV 28 1940** **(b) [Signature]**  
(Date received from registrar) (Registrar's signature)

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

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month NOVEMBER day 26  
 year 1940 hour \_\_\_\_\_ minute 1030 P.M.  
**21. I hereby certify that I attended the deceased from** 9-14-40,  
 19 \_\_\_\_\_, to 11-26-40, 19 \_\_\_\_\_;

that I last saw her alive on 11-20-40, 19 \_\_\_\_\_;  
 and that death occurred on the date and hour stated above.

Immediate cause of death. Cardiac failure Duration \_\_\_\_\_

Due to Cardiac decompensation 14 or  
Hypertension longer

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy 95%

**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) (c) Means of injury

**23. Signature** [Signature] **(M.D. or other)** \_\_\_\_\_  
 Address [Address] Date signed 11-28-40

**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 Al C. Peterson

Licensed Embalmer No. 3478

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.**