

Registration District No. **791**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: BARNES HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days (Specify whether
In this community 4 days years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State ILLINOIS (b) County 999
(c) City or town EAST ST. LOUIS (If outside city or town limits, write "RURAL") NR
(d) Street No. 4918 MISSOURI (If rural, give location)
(e) Citizen of foreign country? 9 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME JOE FARNER

3. (b) If veteran, name war NO 3. (c) Social Security No. NO

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced 1 married
6. (b) Name of husband or wife Theresa Farnier 6. (c) Age of husband or wife if alive 57 years
7. Birth date of deceased November, 23, 1873 (Month) (Day) (Year)

8. AGE: Years 67 Months 9 Days 3 If less than one day ✓ hr. 1 min.

9. Birthplace Madaria, Illinois (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name Joseph Farnier

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

14. Maiden name Simons

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

16. (a) Informant Joseph Farnier

(b) Address 22 St. Louis 2115

17. (a) Burial (b) Date thereof 8 29 41 (Month) (Day) (Year)

(c) Place: burial or cremation Graceland Cemetery

18. (a) Signature of funeral director W. H. Medick

(b) Address East St. Louis, Ill.

19. (a) AUG 26 1941 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUGUST day 26 year 1941 hour 7 minute 00 A.M.

21. I hereby certify that I attended the deceased from AUGUST 22, 1941 to AUGUST 26, 1941; that I last saw him alive on AUGUST 26, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death HEART FAILURE Duration _____

Due to ARTERIO SCLEROTIC HEART DISEASE

Due to _____

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

Major findings: Of operations HA Of autopsy AS PHYSICIAN _____

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? _____

(Specify type of place) While at work? (e) Means of injury _____

23. Signature FR Bradley (M. D. or other) _____

Address BARNES HOSPITAL Date signed 8-26-41

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

2
41
39
26390

FILED SEP 17 1941

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 me

....., Registered Apprentice No.

working under my personal supervision.

Signed Ben. H. Baldwin

Licensed Embalmer No. 2470

P. O. Address P. O. Lewis St.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.