

FILLED NOV 24 1941

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 8417

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:
Arena enroute to City Hospital No. 1
 (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)

3. (a) PRINT FULL NAME HARRY R. FARROW.3. (b) If veteran, name war World War 3. (c) Social Security No. 498-05-05184. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married6. (b) Name of husband or wife Amanda E. Farrow. 6. (c) Age of husband or wife if alive 42 years7. Birth date of deceased October 8, 1890.
(Month) (Day) (Year)8. AGE: Years 51 Months 0 Days 14 If less than one day hr. _____ min. _____9. Birthplace Independence, Missouri
(City, town, or county) (State or foreign country)10. Usual occupation Furniture Mover11. Industry or business unemployed.12. Name Mose Farrow.13. Birthplace ? Denmark
(City, town, or county) (State or foreign country)14. Maiden name Anna William.
(City, town, or county) (State or foreign country)15. Birthplace Dont know.
(City, town, or county) (State or foreign country)16. (a) Informant Mrs. Amanda E. Farrow.(b) Address 6200 Ella Ave.17. (a) Burial (b) Date thereof 10-25-1941
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place; burial or cremation National Cemetery18. (a) Signature of funeral director Geo. L. Pleitsch Inc.(b) Address 5966-68 Easton Ave.19. (a) OCT 24 1941 (b) J. J. Brueck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County St. Louis
 (c) City or town Wellston
 (If outside city or town limits, write "RURAL")
 (d) Street No. 6200 Ella Ave.
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 22nd.
year 1941 hour 7:15 minute 0 M.21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____;
that I last saw h. _____ alive on _____ 19____;
and that death occurred on the date and hour stated above.Immediate cause of death Cortic Arteriosclerosis ruptured into bronchus; Cortic Sclerosis Duration _____
Direct Cause undetermined

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)Major findings: _____
Of operations _____

Of autopsy _____

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) _____
(Specify means of injury)23. Signature Alfred Perry (M. D. or other) _____
Address Superstition Date signed 10/24/41

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

Leonard W. Kraeger

Licensed Embalmer No. *2678*

P. O. Address *St. Louis, 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.