

FILED FEB 3 1942

Registration District No. 784

Primary Registration District No. 101

Registrar's No. 215

1. PLACE OF DEATH:

(a) County St. Louis.

(b) City or town Clayton, Mo.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
807 So. Bemiston Ave. /  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 45 Years.  
(Specify whether years, months or days)

In this community 45 Years.  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County \_\_\_\_\_

(c) City or town Clayton.  
(If outside city or town limits, write "RURAL")

(d) Street No. 807 So. Bemiston Ave.  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)

If yes name country \_\_\_\_\_

3. (a) PRINT FULL NAME Thomas J. Farris.

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 27th.  
year 1942 hour 7 minute 00 A. M.

21. I hereby certify that I attended the deceased from 4-5 years  
19 \_\_\_\_\_ to Jan 27 1942

4. Sex M. 5. Color or race W.

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

6. (b) Name of husband or wife Maud O'Donnell Farris. 6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased June 22, 1885  
(Month) (Day) (Y. )

that I last saw him alive on Jan 24 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Cornary Thrombosis Duration \_\_\_\_\_

8. AGE:	Years	Months	Days	If less than one day
	<u>55</u>	<u>7</u>	<u>5</u>	hr. _____ min.

Due to myocardial disease

Due to \_\_\_\_\_

Other conditions chronic nephritis  
(Include pregnancy within 3 months of death)

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

10. Usual occupation Insurance-District Manager

Major findings:  
Of operations \_\_\_\_\_

Of autopsy 1-318

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

11. Industry or business \_\_\_\_\_

12. Name Michael J. Farris.

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

14. Maiden name Mary Campbell.

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

16. (a) Informant Mrs. Maud Farris.

(b) Address 807 So. Bemiston, Clayton, Mo.

17. (a) Burial (b) Date thereof 1-30-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery.

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? \_\_\_\_\_

18. (a) Signature of funeral director Arthur J. Donnelly

(b) Address 3840 Lindell Blvd

19. (a) JAN 28 1942 (b) C. L. McHarran, Jr.  
(Date received local registrar) (Registrar's signature)

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

23. Signature A. J. Farris (M. D. or other) \_\_\_\_\_

Address 4660 Maryland Date signed 1/28/42

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

APR 30 1947

MAR 6 1942

**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 Stanley Marshall  
Licensed Embalmer No. 2868  
P. O. Address. 3840 Lindell

**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.**