

FILED NOV 6 1942
318

1003

Registrar's No. 8985

Registration District No. _____

Primary Registration District No. _____

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:
2303 Hickory St.
(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 _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County ###
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2303 Hickory St.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Perry T. Farrar

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Married
6. (b) Name of husband or wife Pearl Farrar 6. (c) Age of husband or wife if alive 36 years
7. Birth date of deceased May 5th 1891
(Month) (Day) (Year)

8. AGE: Years 51 Months 5 Days 22 If less than one day _____ hr. _____ min.

9. Birthplace Perryville, Mo. (City, town, or county) (State or foreign country) 0

10. Usual occupation Salesman

11. Industry or business _____

12. Name William Farrar

13. Birthplace Perry County, Mo. (City, town, or county) (State or foreign country) 0

14. Maiden name Addie Rhyme

15. Birthplace Perry County, Mo. (City, town, or county) (State or foreign country) 0

16. (a) Informant Pearl Farrar

(b) Address 2303 Hickory St.

17. (a) Burial (b) Date thereof 10/29-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Brozeauville, Mo.

18. (a) Signature of funeral director Albert H. Schoppe Inc.

(b) Address 4700 Washington Blvd.

19. (a) 10/19/42 (b) J. P. Busch
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 27 year 42 hour 4 minute 25 P.M.

21. I hereby certify that I attended the deceased from 10-16-42 to 10-27 1942
that I last saw him alive on 10-26 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion 3 hrs.
Due to Myocardial Failure 2 hrs.
Renal Disease 2 hrs.

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

Major findings: None
Of operations _____
Of autopsy None

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) No
(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 J. J. Swick (M. D. or other) Address 1935 Park Date signed 10-27-42

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

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

+ P

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..... *G. W. Wilkerson*
Licensed Embalmer No..... *3575*

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, fact should be so stated above.