

Registration District No. 784

Primary Registration District No. 111

Registrar's No. 2605

1. PLACE OF DEATH

(a) County St. Louis  
(b) City or town Richmond Heights  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Res:- 1121 Francis Place.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.  
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County St. Louis  
(c) City or town Richmond Heights  
(If outside city or town limits, write "RURAL")  
(d) Street No. #1121 Francis Place.  
(If rural, give location)  
(e) Citizen of foreign country? no.  
If yes, name country.

3. (a) PRINT FULL NAME

RAYMOND L. FARMER.

(b) If veteran, name war World War 1.

(c) Social Security No. None

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced, married  
(b) Name of husband or wife Gladys Farmer  
(c) Age of husband or wife if alive 43 years  
7. Birth date of deceased November 23, 1894.  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec, day 10th, year 1942, hour 3:30, minute P.M.

21. I hereby certify that I attended the deceased from 12-4-42 to 12-9-42, 1942, that I last saw him alive on 12-9-42 and that death occurred on the date and hour stated above.

Immediate cause of death: Quercanoma throat  
& metastatic lesions aub.

Duration 8 months

8. AGE: Years 48, Months 0, Days 17, If less than one day hr. min.

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

10. Usual occupation Self-employed.

11. Industry or business Attorney.

MOTHER FATHER { 12. Name John L. Farmer.  
13. Birthplace Unk. Tennessee.  
(City, town, or county) (State or foreign country)  
14. Maiden name Helen Taylor.  
15. Birthplace Unk. Missouri.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Gladys Farmer.  
(b) Address 1121 Francis Place.  
17. (a) Removal.. (b) Date thereof 12/12/42.  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Lebanon, Mo.

18. (a) Signature of funeral director C.R. Lupton & Sons.  
(b) Address #7233 Delmar Bly'd.

19. (a) DEC 11 1942 (b) C. D. McManis (Registrar's signature)

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 457  
Of autopsy

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) (e) Means of injury

23. Signature P.B. Cappel (M.D. or other) M.D.  
Address 3284 Suburban Date signed 12-11-42

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

Dr. Cappel  
3284 Green Lane  
10-12 A.M.  
Mile-12502  
DEC 2

**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 Bradford A. Miles  
Licensed Embalmer No. 2901  
P. O. Address University City - M

**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.**