

FILED JAN 19 1943 318

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 234

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:
4920 Laclede Ave.
(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 Mo. (b) County _____
(c) City or town St. Louis.
(If outside city or town limits, write "RURAL")
(d) Street No. 4920 Laclede Ave.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Nancy G. Farrar.
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month January day 8th.
year 1943 hour 9 minute 00 P.M.

4. Sex F. 5. Color or race W. 6. (a) Single, widowed, married, divorced Married.
6. (b) Name of husband or wife Charles T. Farrar. 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Febr. 11 - 14-1857.
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan. 1 - 1943 to Jan - 8 - 1943
that I last saw her alive on Jan - 8 - 1943 and that death occurred on the date and hour stated above.

8. AGE: Years 85 Months 1 Days 24 If less than one day _____ hr. _____ min.

Immediate cause of death Chronic Myocarditis Duration 1 yr.

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

Due to Arterio. Sclerotic Hypertensive Disease 1 yr.

10. Usual occupation At Home.

Other conditions No
(Include pregnancy within 3 months of death)

11. Industry or business _____

Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER { 12. Name Joseph E. Gorman
13. Birthplace Penn. KINGSTOWN, PA. (City, town, or county) (State or foreign country)

14. Maiden name Julia E. Scully
15. Birthplace Penn. (City, town, or county) (State or foreign country)

16. (a) Informant Mr. Charles T. Farrar.
(b) Address 4920 Laclede Ave.

17. (a) Calvary Cem. (b) Date thereof 1/11/1943
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cem.

18. (a) Signature of funeral director Arthur J. Pomeroy
(b) Address 3840 Grand

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? _____

19. (a) JAN 19 1943 (b) J. J. Pomeroy
(Date received local registrar's certificate) (Registrar's signature)

While at work? _____ (Specify type of place) (2) Means of injury _____
23. Signature A. J. Pomeroy (M. D. or other) _____
Address 4390 N Pine St. Date signed 1-9-43

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

722 81 11 1901

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.