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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 0

FILED FEB 10 1943

Registration District No. 98

Primary Registration District No. 200

Registrar's No. 51

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town LEMAY
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Mount St. Rose Sanatorium 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12/27/42 to 1/7/43 (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED: 96
(a) State Missouri (b) County St. Louis 13
(c) City or town Overland, Mo. 1
(If outside city or town limits, write "RURAL")
(d) Street No. 2800 North Hanley Road
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME MARIE FARRIS
3. (b) If veteran, name war
3. (c) Social Security No. None.
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife John Farris
6. (c) Age of husband or wife if alive 32 years
7. Birth date of deceased May 22, 1913 (Month) (Day) (Year)

8. AGE: Years 29 Months 7 Days 16 If less than one day hr. min.

9. Birthplace St. Louis Mo. 0 (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business At Home.
FATHER
12. Name THEODORE FREIBURGER
13. Birthplace Missouri 0 (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Kate Herzog
15. Birthplace Illinois 0 (City, town, or county) (State or foreign country)
16. (a) Informant John Farris
(b) Address 2800 North Hanley Rd.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 9/43 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cem.
18. (a) Signature of funeral director Thos Kutis & Son
(b) Address 2906 Gravois Ave.
19. (a) JAN 9 - 1943 (Date received local registrar) (b) C. G. McGuire M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 7 year 1943 hour 3 minute 30 A. M.

21. I hereby certify that I attended the deceased from December 27, 1942, to January 7, 1943; that I last saw her alive on January 6, 1943; and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Far Advanced Pulmonary Tbc "C" | 2 yrs + |
| Due to | |
| Due to | |
| Other conditions Tbc Laryngitis (Include pregnancy within 3 months of death) | |
| Major findings: Of operations None | |
| Of autopsy None | |

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

13 [illegible]

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

23. Signature J. C. Murphy M.D. (M. D. or other)
Address Mt St. Rose San Date signed 1/7/43

(Licensed Embalmer's Statement on Reverse Side)

JAN 22 1945

## 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 David Van Fossan

Licensed Embalmer No. 4242

P. O. Address 2906 Gravoisane St Lou

**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.**