

FILED APR 19 1943  
Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **3310**

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:  
De Paul Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution..... (Specify whether  
In this community..... (Specify whether  
years, months or days)

3. (a) PRINT FULL NAME Janet Kathryn Farley.

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased Oct. 27, 1935  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
7 5 10 hr. min.

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

10. Usual occupation.....

11. Industry or business.....

MOTHER FATHER

12. Name Henry Kent Farley  
13. Birthplace Nevada, Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Eula Elizabeth Bast.  
15. Birthplace Naylor, Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Henry Farley  
(b) Address 7731 Stanford,  
17. (a) cremation (b) Date thereof 4-9-43  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Oak Grove Crematory

18. (a) Signature of funeral director C.R. Lupton & Sons.  
(b) Address 7233 Delmar Blvd.

19. (a) APR 8 1943 (b) J. F. Brudeck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 96 St. Louis  
(c) City or town University City, 5  
(If outside city or town limits, write "RURAL")  
(d) Street No. 7731 Stanford,  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 7th  
year 1943 hour 12 noon M.

21. I hereby certify that I attended the deceased from April 4 to April 7, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death.....

Meningitis 6 hours  
Due to Septicall  
Due to As

Other conditions Septicall  
(Include pregnancy within 9 months of death)

Major findings:  
Of operations.....

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?

23. Signature J. F. Brudeck (M. D. or other)  
Address 3120 Washington Date signed.....

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

3720 Washington,  
JE-2390  
Hrs. 9 to 12 A.M.

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

*Paul Summer*, Registered Apprentice No. *351*

working under my personal supervision.

Signed *Bradford A. Miles*

Licensed Embalmer No. *2901*

P. O. Address *University City - N*

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.