3651
S. No. 2
0M—2-43
5-17-39

FILED AUG 12 1943

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 22971

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7047

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Louis City Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2Mos. 5Days (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DEACESED:

(a) State Mo. (b) County 000 17 723

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 2327 Albion
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Eva Fay 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 Albert Farris

6. (c) Age of husband or wife if alive 39 years

7. Birth date of deceased May (Month) 6 (Day) 1911 (Year)

8. AGE: Years 32 Months 2 Days 26 If less than one day — hr. — min.

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

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER

12. Name Charlie McKim

13. Birthplace New Middleton (City, town, or county) Ind. (State or foreign country)

MOTHER

14. Maiden name Mary Hale

15. Birthplace Oakland (City, town, or county) Ind. (State or foreign country)

16. (a) Informant Albert Farris

(b) Address 2327 Albion

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Aug 3 '43 (Month) (Day) (Year)

(c) Place: burial or cremation Popular Bluff

18. (a) Signature of funeral director Marshall Schlen

(b) Address Popular Bluff Mo.

19. (a) AUG 4 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 2. year 1943 hour 3:00 minute P. M.

21. I hereby certify that I attended the deceased from May 28. 1943 to August 2. 1943; that I last saw her alive on August 2. 1943; and that death occurred on the date and hour stated above.

Immediate cause of death: For advanced Pulmonary Tuberculosis

Due to: Tuberculous Enteritis

Due to:

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy as above

Duration

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) None

(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 William J. Park (M. D. or other)

Address 1515 Lafayette Avenue. Date signed 8/2/43

(Licensed Embalmer's Statement on Reverse Side)

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

2047

2047

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

Frank Prokopf, Registered Apprentice No. 339

working under my personal supervision.

Signed John Ketter

Licensed Embalmer No. 3880

P. O. Address St Louis

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.