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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

LED OCT 13 1943
Registration District No. 21A

Primary Registration District No. 1003

Registrar's No. 8597

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

1. PLACE OF DEATH:

(a) County St. Louis, Missouri

(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 15 hrs.
(Specify whether years, months or days)

In this community 15 hrs.

3. (a) PRINT FULL NAME Baby Farrar

3. (b) If veteran, name war. No

3. (c) Social Security No. Unknown

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

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

7. Birth date of deceased April 6, 1943
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
-----	-----	-----	<u>15</u> hr. ----- min.

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

10. Usual occupation Nil.

11. Industry or business Nil.

MOTHER FATHER

12. Name Unknown

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Evelyn Farrar

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

16. (a) Informant Ann P. Morrison

(b) Address St. Louis City Hospital

17. (a) ~~Place of burial~~ (b) Date thereof 9-30-43
(Month) (Day) (Year)

(c) ~~Place of burial~~ cremation City Crematory

18. (a) Signature of funeral director W. J. White

(b) Address City Hospital, N.O.L.

19. (a) SEP 29 1943 (b) J. J. Boudeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

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

(d) Street No. 4832 Goodfallow
(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 7, year 1943 hour 1:10 minute P. M.

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

Immediate cause of death Pneumonia

Due to -----

Due to -----

Other conditions (Include pregnancy within 3 months of death) -----

Major findings: Of operations -----

Of autopsy -----

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) -----

(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 J. J. Boudeck (M. D. or other) -----
Address 1515 Lafayette Avenue Date signed 4/7/43

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....

P. O. Address.....

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.