

FILED MAY 15 1944 18

1003

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

Registrar's No. \_\_\_\_\_

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:  
5066 Winona 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. 5066 Winona Ave.  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Harvey E. Farnsworth

3. (b) If veteran, name war World War #1

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 8th  
year 1944 hour 5:15 minute 0 A.M. M.

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Emma B. Farnsworth

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased Feb. 11th 1889  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 7-21-42  
1942 to 5-8-44 1944  
that I last saw him alive on 5-8-44 1944  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

55	2	27	hr. min.
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Immediate cause of death Chronic myocarditis 3 1/2 yrs

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

9. Birthplace Willow Springs Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Traveling Accountant

PHYSICIAN

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Underline the cause to which death should be charged statistically.

11. Industry or business Mo. Pac. R.R.

12. Name Edwin H. Farnsworth

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

14. Maiden name Martha Morris

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

16. (a) Informant Emma B. Farnsworth

(b) Address 5066 Winona Ave.

17. (a) Entombment Oak Grove Mausoleum  
(Burial, cremation, or removal) (b) Date thereof 5-10-44  
(Month) (Day) (Year)

(c) Place: burial or cremation \_\_\_\_\_

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? \_\_\_\_\_

18. (a) Signature of funeral director Kriegshauser Mortuary

(b) Address 4228 So. Kingshighway Blvd.

19. (a) MAY 9 1944  
(Date received at local registrar)

J. F. Brueck  
(Registrar's signature)

23. Signature D. C. Farnsworth  
(M. D. or other)

Address 4523 S. Kingshighway

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

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**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 *Richard W. Stoussand*

Licensed Embalmer No. *4007*

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.**