

**FILED JUN 19 1944 3 18**

Registration District No. \_\_\_\_\_ Primary Registration District No. **1003** 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:  
**Deaconess Evangelical 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 \_\_\_\_\_ years, months or days \_\_\_\_\_

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County \_\_\_\_\_  
(c) City or town **St. Louis**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **2803 S. Ninth St.**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Cheryl Mae Farney**  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **June** day **6th**  
year **1944** hour **4,15** minute **P** M.  
21. I hereby certify that I attended the deceased from **June 6, 1944** to **June 6, 1944**  
that I last saw her alive on **June 6, 1944** and that death occurred on the date and hour stated above.

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

Immediate cause of death  
**Pneumonia**

7. Birth date of deceased **June 2 1943**  
(Month) (Day) (Year)  
8. AGE: Years **1** Months \_\_\_\_\_ Days **4** If less than one day hr. \_\_\_\_\_ min.

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (include pregnancy within 3 months of death) **107**

9. Birthplace **St. Louis Missouri**  
(City, town, or county) (State or foreign country)  
10. Usual occupation **None**

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

11. Industry or business \_\_\_\_\_  
12. Name **William B. Farney**  
13. Birthplace **Esther Missouri**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Lillian Roe**  
15. Birthplace **Tulsa Oklahoma**  
(City, town, or county) (State or foreign country)

16. (a) Informant **William B. Farney**  
(b) Address **2803 S. Ninth St.**  
17. (a) **Burial** (b) Date thereof **June 8, 1944**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **New St. Marcus Cemetery**

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 **John H. Gebken Sowa**  
(b) Address **2630 Gravois Ave.**  
19. (a) **JUN 7 1944** (b) **J. F. Bruck**  
(Date received local registration) (Registrar's signature)

23. Signature **W. H. ...** (M. D. or other)  
Address **Mo. Health Bldg.** Date signed **6-7-44**

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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.....

*Robert F. Gebken*

Licensed Embalmer No.....

4144

P. O. Address..... 2630 Gravois Ave.

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**