

Registration District No. 318

Primary Registration District No. 1003

State File No.

6718

Registrar's No.

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..... 9 days
(Specify whether
In this community.....
years, months or days)

3. (a) PRINT FULL NAME Edward Farwell

3. (b) If veteran, name was..... NO
3. (c) Social Security No. 493-05-9118

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced..... MARRIED

6. (b) Name of husband or wife..... MARGARET B. FARWELL 6. (c) Age of husband or wife if alive..... 42 years

7. Birth date of deceased..... June 18, 1896
(Month) (Day) (Year)

8. AGE: Years 53 Months 0 Days 12 If less than one day
hr. min.

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

10. Usual occupation..... PAINTER

11. Industry or business.....

12. Name..... JOHN FARWELL

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

14. Maiden name..... ARTICE BLACK

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

16. (a) Informant..... Margaret Farwell

(b) Address..... 3515 Lafayette av

17. (a) CREMATION (b) Date thereof..... AUG. 1-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... M.O. CREMATORY

18. (a) Signature of funeral director..... E. J. Schurri

(b) Address..... 3125 Lafayette av

19. (a) JUL 31 1944 (b) [Signature]
(Date received local registrar) (Registrar's signature)

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..... 3515 LAFAYETTE AV.
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 30th
year..... 1944 hour..... 12 minute..... 30 A. M.

21. I hereby certify that I attended the deceased from..... July 21st
..... 19 44 July 30th 19 44
that I last saw him..... alive on..... July 30th 19 44
and that death occurred on the date and hour stated above.

Immediate cause of death..... Multiple lung abscess and multiple brain abscess
Duration

Due to..... Cital undetermined

Due to.....

Other conditions..... Empyema / 10
(Includes pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy..... as above

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 work) (e) Means of injury.....

23. Signature..... [Signature]
Address..... 1515 Lafayette Date signed..... 7/30/44

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

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 Joe B. Wallmer
Licensed Embalmer No. 41014
P. O. Address 31215 Jayette St. Shrewsbury, Mo.

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.