

S. No. 2  
M-8-43  
5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 35232  
Registrar's No. 2186

FILED NOV 4 1944

Registration District No. 5 Primary Registration District No. 3067

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town Ladue  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
921 Cella Road  
(If not in hospital or institution, write street number or location) 1  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community \_\_\_\_\_ years, months or days

3. (a) PRINT FULL NAME Marie Clemence B. Faris

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex F. 5. Color or race W. 6. (a) Single, widowed, married, divorced W. 2  
6. (b) Name of husband or wife Charles A. Faris 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Dec. 10th., 1855  
(Month) (Day) (Year)

8. AGE: Years 88 Months 10 Days 14 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation At Home

11. Industry or business \_\_\_\_\_

MOTHER FATHER } 12. Name Louis A. Benoist  
13. Birthplace St. Louis Mo.  
(City, town, or county) (State or foreign country)  
14. Maiden name Sarah Wilson  
15. Birthplace Virginia  
(City, town, or county) (State or foreign country)

16. (a) Informant Rev. Charleville B. Faris  
(b) Address 921 Cella Road

17. (a) Burial (b) Date thereof 10-27-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary  
18. (a) Signature of funeral director Arthur J. Donnelly  
(b) Address 3840 Lindell Blvd.

19. (a) OCT 27 1944 (b) E. S. McLauran, M.D.  
(Date received local registrar) (Registrar's signature) Address 1025 Date signed \_\_\_\_\_

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis  
(c) City or town Ladue (If outside city or town limits, write "RURAL") 1-2  
(d) Street No. 921 Cella Road (If rural, give location) 1  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 24th.,  
1944 year 1944 hour 10 minute 30 P.M.

21. I hereby certify that I attended the deceased from June  
17.5 to Oct 24, 1944  
that I last saw her alive on 10/24/44, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis  
Due to Senility  
Due to 940  
Other conditions none  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations none  
Of autopsy none

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence 10-27-44  
(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? no (Specify type of place) Means of injury \_\_\_\_\_  
3. Signature Arthur J. Donnelly (M. D. or other) MD  
Address 1125 Date signed \_\_\_\_\_

Duration \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

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 Stanley Marshall  
Licensed Embalmer No. 2868  
P. O. Address 3840 Lindell

**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.**