

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

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:
7617 a Vermont 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:
MISSOURI
 (a) State _____ (b) County _____
 (c) City or town _____
(If outside city or town limits, write "RURAL")
 (d) Street No. **7617 a Vermont ave.**
(If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME **Izora Louise Farley**
 3. (b) If veteran, name war _____ none
 3. (c) Social Security No. **None**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **January** day **8**
 year **1945** hour **1** minute **30p** M.

4. Sex **Female** 5. Color or race **White**
 6. (a) Single, widowed, married, divorced **Widowed**
 6. (b) Name of husband or wife _____
 6. (c) Age of husband or wife if alive _____ years
September 3 1865
 7. Birth date of deceased (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____ 19____ to **Jan 8, 1945**
 that I last saw him alive on **Jan 8, 1945**
 and that death occurred on the date and hour stated above.

8. AGE: Years **79** Months **4** Days **5**
 If less than one day _____ hr. _____ min.

Immediate cause of death: **Arteriosclerosis**
Coronary Thrombosis
 Duration **Chronic**

9. Birthplace **House Springs, Missouri**
(City, town, or county) (State or foreign country)
At Home

Due to _____
 Due to _____

10. Usual occupation _____
 11. Industry or business _____
 12. Name **Thomas Brewster**
 13. Birthplace **Philadelphia Pa.**
(City, town, or county) (State or foreign country)
 14. Maiden name **Mary Jane Farley**
 15. Birthplace **Unknown Tenn.**
(City, town, or county) (State or foreign country)

Other conditions **Arteriosclerosis**
(Include pregnancy within 3 months of death)
 Major findings:
 Of operations _____
 Of autopsy _____

MOTHER FATHER
 16. (a) Informant **Miss Edna Farley**
 (b) Address **7617 a Vermont ave.**
 17. (a) **Burial** (b) Date thereof **JAN. 11-45**
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **MT. HOPE CEMETERY**
C. Hoffmeister U.S.I. Co.

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? _____

18. (a) Signature of funeral director **7814 S. Broadway**
 (b) Address _____
 19. (a) **JAN 10 1945** (b) _____
(Date received local registrar) (Registrar's signature)

While at work? _____
 23. Signature **Wm. J. S. ... M.D.**
 Address **7702 ...** Date signed **1/9/45**

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 *Harry J. Schumacher*
Licensed Embalmer No. *2679*
P. O. Address. *732 Lemay*

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.