S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUL 28 1945

State File No. 21883
Registrar's No. 5914

Registration District No. 1003
Primary Registration District 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: City Isolation Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution From May 26, 1945 to July 5, 1945. (Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 22
(d) Street No. 2835 Clark Ave. (If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Ned Farris
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male 2
5. Color or race Col
6. (a) ~~Single~~, widowed, ~~married~~, 2 ~~divorced~~ ~~Married~~
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased 1 (Month) 19 (Day) 1879 (Year)

8. AGE: Years 66 Months 5 Days 16 If less than one day hr. min.

9. Birthplace Unknown (City, town, or county) 9 (State or foreign country)
10. Usual occupation Nil
11. Industry or business
FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)
16. (a) Informant Edith V. Minor
(b) Address 5600 Arsenal Street
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-9-45 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park
18. (a) Signature of funeral director A. L. Beal Und Co
(b) Address 2726 Lucas Ave
19. (a) JUL 7 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 5, year 1945 hour 8 minute 30P.M.
21. I hereby certify that I attended the deceased from May 26, 1945, 19, to July 5, 19 45 that I last saw him alive on July 5, 19 45. and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral arteriosclerosis & thrombosis
Due to
Due to
Other conditions (Include pregnancy within 3 months of death) 97
Major findings: Of operations
Of autopsy

Duration

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? (Specify type of place)
While at work? (e) Means of injury 0
23. Signature Palmer Romaine Bowden (M. D. or other)
Address Isolation Hosp Date signed 7/6/45

(Licensed Embalmer's Statement on Reverse Side)

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 Arthur L. Hilliard

Licensed Embalmer No. 4221

P. O. Address 1154 Bayard

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.