S. No. 2
M—5-42
. 5-17-39
I X32873

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

10011

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED MAR 27 1946

State File No. 11099

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2614

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
5920 Washington /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 600

(c) City or town St. Louis 517
(If outside city or town limits, write "RURAL")

(d) Street No. 5920 Washington 9
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME MARY ELIZABETH FARNSWORTH

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F. /

5. Color or race W.

6. (a) Single, widowed, married, divorced Single /

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased July (Month) 14 (Day) 1870 (Year)

8. AGE: Years 75 Months 8 Days 2 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

FATHER
12. Name John Frederick Farnsworth /
13. Birthplace Jamestown Mass. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Eleanor Moeheiser
15. Birthplace Baltimore, Md. (City, town, or county) (State or foreign country)

16. (a) Informant Geo. C. Farnsworth
(b) Address 519 Hamilton

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 3-19-46 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove

18. (a) Signature of funeral director Alexander & Sons
(b) Address 6175 Delmar

19. (a) MAR 19 1946 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 16
year 1946 hour 6:00 minute P. M.

21. I hereby certify that I attended the deceased from Feb 1946, to Mar 16, 1946;
that I last saw her alive on Mar 16, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral hemorrhage	1 day
Due to Cardio-renal-vascular disease	sev. yrs.
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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

23. Signature [signature] (M. D. or other)
Address 5427 Delmar Date signed 3-17-46

(Licensed Embalmer's Statement on Reverse Side)

COPY

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 Thomas R. Lenwick

Licensed Embalmer No. 3793

P. O. Address 6175 Delmar

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.