

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

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

FILED MAR 31 1947

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 10803

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 2839

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:  
**4716a Louisiana 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)

3. (a) PRINT FULL NAME.....**Emeline Farmer**

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

4. Sex.....**Female** 5. Color or race.....**White**  
6. (a) Single, widowed, married, divorced.....**Widow**  
6. (b) Name of husband or wife.....**Thomas Farmer**  
6. (c) Age of husband or wife if alive..... years  
7. Birth date of deceased.....**January 10 1858**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**89 2 5** ..hr. min.

9. Birthplace.....**Pulaski Co. Kentucky**  
(City, town, or county) (State or foreign country)

10. Usual occupation.....**Housewife**

11. Industry or business.....

12. Name.....**Pryor Eaton**  
13. Birthplace.....**Kentucky**  
(City, town, or county) (State or foreign country)

14. Maiden name.....**Millean Boyd**  
15. Birthplace.....**Unknown**  
(City, town, or county) (State or foreign country)

16. (a) Informant.....**Mrs. Minnie Adams**  
(b) Address.....**4716a Louisiana Ave.**

17. (a) **Burial** (b) Date thereof.....**3-16-47**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation.....**Lesterville, Mo.**

18. (a) Signature of funeral director.....**Albert H. Hoppe**  
(b) Address.....**4700 Washington Blvd.**

19. (a) **MAR 17 1947** (b) **J. F. Braneck**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State.....**Missouri** (b) County.....**15-17**  
(c) City or town.....**St. Louis**  
(If outside city or town limits, write "RURAL")  
(d) Street No.....**4716a Louisiana Ave.**  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month.....**March** day.....**15**  
year.....**1947** hour.....**5** minute.....**00** P.M.

21. I hereby certify that I attended the deceased from.....  
**Mar. 8th, 1947, to March 15th, 1947,**  
that I last saw her alive on **March 13th, 1947**  
and that death occurred on the date and hour stated above.

Immediate cause of death.....**Acute Myocarditis** Duration.....**1 wk.**

Due to.....  
Due to.....

Other conditions.....**Chronic Nephritis and Chronic Arteriosclerosis** 1 yr.

Major findings: Of operations.....**no** Of autopsy.....**no**  
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 place) (c) Means of injury.....  
23. Signature.....**H. H. Walters** (M. D. XXXX)  
Address.....**3608 S. Grand Blvd.** Date signed.....**3/17/47**

*No Embalmer*

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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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**