

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:  
Pine Crest #2 Nursing Home 4  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 days  
(Specify whether

In this community life  
years, months or days)

3. (a) PRINT FULL NAME Walter A. Farnsworth

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M. 5. Color or race W.

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

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive 29 years

7. Birth date of deceased Oct. 29 1874  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>73</u>	<u>3</u>	<u>6</u>	.....hr. ....min

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

10. Usual occupation Salesman

11. Industry or business Famous-Barr

12. Name John Frederick

13. Birthplace near Boston, Mass.  
(City, town, or county) (State or foreign country)

14. Maiden name Elinor Moreheiser

15. Birthplace Baltimore, Mass.  
(City, town, or county) (State or foreign country)

16. (a) Informant Geo. C. Farnsworth

(b) Address 519 Hamilton

17. (a) burial (b) Date thereof 2-10-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove

18. (a) Signature of funeral director Alexander

(b) Address 6175 Delmar

19. (a) 2-10-48 (b) Bevel  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Mad

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

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

(e) Citizen of foreign country? (Yes or No) 1

If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 7  
year 1948 hour 1: minute 20 P. M.

21. I hereby certify that I attended the deceased from Jan 29 1948 to February 7 1948;  
that I last saw him alive on February 6 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Stomach

Due to 46

Other conditions Chronic Myocarditis  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations

Of autopsy

PHYSICIAN

Underline the cause of 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 1

23. Signature R. Dr. James (M. D. or )  
Address Manchester, Mo. Date signed 2/9/48

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

MOTHER FATHER

per Jensen

445

---

---

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. Fenwick

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.