S. No. 2
(—1/47
, 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED APR 14 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 11043

Registration District No. 317 — Primary Registration District No. 6076 — Registrar's No. 882

1. PLACE OF DEATH:

(a) County: St. Louis

(b) City or town: Jeff. Brks. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Veterans Administration Hosp. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 13 days (Specify whether years, months or days)

In this community: 4 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jefferson

(c) City or town: Festus (If outside city or town limits, write "RURAL")

(d) Street No.: 312 Henry St. (If rural, give location)

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

If yes, name country: —

3. (a) PRINT FULL NAME: FARMER, Cornell

3. (b) If veteran, name war: WW-2

3. (c) Social Security No.: Unknown

4. Sex: Male

5. Color or race: White

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: February 25, 1913 (Month) (Day) (Year)

8. AGE: Years 35 | Months 1 | Days 9 | If less than one day ... hr. ... min.

9. Birthplace: Anderson, Missouri (City, town, or county) (State or foreign country)

10. Usual occupation: Carpenter

11. Industry or business:

FATHER
12. Name: Unavailable
13. Birthplace: Unavailable (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Unavailable
15. Birthplace: Unavailable (City, town, or county) (State or foreign country)

16. (a) Informant: Registrar, Vet. Adm. Hosp.

(b) Address: Jefferson Barracks, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 4/7/48 (Month) (Day) (Year)

(c) Place: burial or cremation: Nat'l. Cem.

18. (a) Signature of funeral director: C. Hoffmeister

(b) Address: 7814 S. Bdway St. Louis, Mo.

19. (a) 4-6-48 (Date received local registrar) (b) [illegible] (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: April day: 4, year: 1948 hour: 8:05 minute: P.M.

21. I hereby certify that I attended the deceased from 3-22-48, 19..., to 4-4-48, 19...; that I last saw him alive on April 4, 19 48 and that death occurred on the date and hour stated above.

Duration

Immediate cause of death: Hypertensive Cardio-vascular disease with uremia

Due to: 93.0

Due to:

Other conditions (Include pregnancy within 3 months of death):

Major findings: Of operations: no

Of autopsy: No 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): no

(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: L. E. Stilwell (M. D. or other)

Address: VAH, Jeff. Brks., Mo. Date signed: 4-5-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

MAY 10 1951

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 Louis C. Hoffmeister

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.