No. 2
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5-17-39

#83600

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAY 7 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 14061

Registrar's No. 3965

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

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: St.Louis City Hospital-Max C. Starkloff
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

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

(d) Street No. 3550 Magnolia Ave.
(If rural, give location)

Memorial 16

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

If yes, name country

3. (a) PRINT FULL NAME ELLEN FARMER

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex female

5. Color or race white

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

6. (b) Name of husband or wife Albert

6. (c) Age of husband or wife if alive 84 years

7. Birth date of deceased May (Month) 9th (Day) 1868 (Year)

8. AGE: Years 79 Months 11 Days 18 If less than one day hr. min.

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

10. Usual occupation at home

11. Industry or business

FATHER
12. Name John W.Winn
13. Birthplace (City, town, or county) Ky. (State or foreign country)

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

16. (a) Informant Rupert Farmer
(b) Address 3550 Magnolia Ave.

17. (a) ~~Burial~~ removal (Burial, cremation, or removal) (b) Date thereof 4-28-48 (Month) (Day) (Year)
(c) Place: burial or cremation Paducah,Kentucky

18. (a) Signature of funeral director J.L.Ziegenhein
(b) Address 7027 Gravois Ave.

19. (a) APR 27 1948 (Date received local registrar) (b) J. F. Bredack (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 27th year 1948 hour 1 minute 25 P M.

21. I hereby certify that I attended the deceased from 3/15/48, 19, to April 27th, 1948 that I last saw her alive on April 27th, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pulmonary embolism	6 hrs
Due to	
Due to	
Other conditions Cerebral Thrombosis (Include pregnancy within 3 months of death)	5 weeks
Obesity	

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

23. Signature W.B. Mills (M.D. or other)

Address 1515 Lafayette Date signed 4/27/48

Jefferson City Printing Co.

(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 W. G. Peterson

Licensed Embalmer No. 3767

P. O. Address 7027 Gravois

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.