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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 2 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1005

State File No. 38091

Registrar's No. 16170

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: Lutheran Hospital
(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 Jefferson

(c) City or town De Soto
(If outside city or town limits, write "RURAL")

(d) Street No. 530 N. 2nd. St.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Peggy Joyce Farrar

3. (b) If veteran, name war No

3. (c) Social Security No. Unknown

4. Sex Female

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 (Month) 6 (Day) 1927 (Year)

8. AGE: Years 21 Months 9 Days 17 If less than one day hr. min.

9. Birthplace De Soto (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Factory Worker

11. Industry or business

FATHER
12. Name James C. Farrar
13. Birthplace Cape Girardeau (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Grace Joyce Williams
15. Birthplace De Soto (City, town, or county) Missouri (State or foreign country)

16. (a) Informant James C. Farrar
(b) Address DeSoto, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-25-48 (Month) (Day) (Year)
(c) Place: burial or cremation DeSoto, Mo.

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

19. (a) NOV 23 1948 (Date received local registrar) (b) J. B. Lander (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 23 year 1948 hour 1: minute 30 A.M.

21. I hereby certify that I attended the deceased from Nov. 19, 1948 to Nov. 23, 1948 that I last saw him alive on Nov. 22, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Abdominal Hodgkin's Disease	6 wks
Due to	
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 Bert H. Klein (M. D. or other) MD
Address 2633 S. Kingshighway Date signed 11-23-48

(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.....Frank J. Stafford

Licensed Embalmer No.....2645

P. O. Address.....St Louis Mo

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.