No. 300
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED APR 23 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14383

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3070 Registrar's No. 693

1. PLACE OF DEATH
a. COUNTY: ST LOUIS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): WEBSTER GROVES
c. LENGTH OF STAY (In this place): 6 YRS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 450 E LOCKWOOD AVE

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: ST LOUIS
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): WEBSTER GROVES
d. STREET ADDRESS (If rural, give location): 450 E. LOCKWOOD AVE

3. NAME OF DECEASED (Type or Print): a. (First) FRANCES b. (Middle) ELIZABETH c. (Last) FARIS

4. DATE OF DEATH (Month) (Day) (Year): MAR. 20 1949

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOW

8. DATE OF BIRTH: APRIL 15 1907

9. AGE (In years last birthday): 41 — If under 1 year: Months / Days — If under 1 hr.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): AT HOME

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): WOOD RIVER ILL.

12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME: WALTER M. FOX

13b. MOTHER'S MAIDEN NAME: MARGARET PENNING

14. NAME OF HUSBAND OR WIFE: ROBERT M FARIS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT'S SIGNATURE OR NAME, ADDRESS: MRS. MARGARET FOX, WOODRIVER, ILL.

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) HEPATIC COMA — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) LIVER INSUFFICIENCY — 3 wks.
DUE TO (c) METASTATIC CARCINOMA OF LIVER FROM LEFT BREAST. — 2 MO'S

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* PLEURAL EFFUSION DUE TO PULMONARY METASTASIS. — 4 MO'S

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION: 17 OK 50

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 28 *1948, to* March 20, *1949, that I last saw the deceased alive on* March 20, *1949, and that death occurred at* 2:30 p *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Robert E. Koch, M.D.

23b. ADDRESS: 3720 Washington

23c. DATE SIGNED: 3.21.49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: MAR-22-1949

24c. NAME OF CEMETERY OR CREMATORY: OAKWOOD

24d. LOCATION (City, town, or county) (State): ALTON ILLINOIS

DATE REC'D BY LOCAL REG.: 3-21-49

REGISTRAR'S SIGNATURE: [illegible] MD

25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: Parker Undertaking Co. Webster Groves

(Licensed Embalmer's Statement on Reverse Side) E. Gaddis Pres. Sec'y

Capt Robert N. [illegible]
3720 Washington
2 P M

1018
502

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 ..... Student Embalmer No. ..... working under my personal supervision.

Signed Leslie Welch

Licensed Embalmer No. 4395

P. O. Address Webster Groves M

Signed .....
Student Embalmer

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.