

FILED AUG 5 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24793

24688

BIRTH NO. 52104-49		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 24688					
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution) a. STATE Mo.				b. COUNTY St. Louis			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN St. Louis			c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give town) OR TOWN Maplewood			5				
d. FULL NAME OF HOSPITAL OR INSTITUTION Deaconess Hosp.				d. STREET ADDRESS (If rural, give location) RR-7209 Lindover				7			
3. NAME OF DECEASED (Type or Print) INFANT		a. (First)		b. (Middle)		c. (Last) FARRAR-Joni 2		4. DATE OF DEATH (Month) (Day) (Year) Aug, 1st. 1949			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH July 31, 1949		9. AGE (In years last birthday) 0	IF UNDER 1 YEAR Months 0	IF UNDER 24 HRS. Days 1	Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) St. Louis Mo!			12. CITIZEN OF WHAT COUNTRY?				
13a. FATHER'S NAME Fred G. Farrar			13b. MOTHER'S MAIDEN NAME Ellen Townsend			14. NAME OF HUSBAND OR WIFE None					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Fred G. Farrar					ADDRESS 7209 Lindover Maplewood, Mo.		
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) Respiratory failure ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Prematurity DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
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) 159		776X					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?							
22. I hereby certify that I attended the deceased from 7-31, 1949, to 8-1, 1949, that I last saw the deceased alive on 8-1, 1949, and that death occurred at 6:07A m., from the causes and on the date stated above.											
23a. SIGNATURE Frank G. Robertson, M.D.				(Degree or title)		23b. ADDRESS 634 No. Grand Ave.		23c. DATE SIGNED 8-1-49			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8/2/49		24c. NAME OF CEMETERY OR CREMATORY Oak Hill Cem.		24d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.					
DATE REC'D BY LOCAL REG. AUG 2 - 1949		REGISTRAR'S SIGNATURE J. B. Baator			25. FUNERAL DIRECTOR'S SIGNATURE Jay B. Smith		ADDRESS 7456 Manchester Maplewood, Mo.				

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

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.....
Student Embalmer

Signed *Not Embalmed*.....

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.