

FILED DEC 17 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 43149
Registrar's No. 04680

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| BIRTH NO. _____ | | REG. DIST. NO. <u>317</u> | | PRIMARY REG. DIST. NO. <u>3066</u> | | Registrar's No. <u>04680</u> | |
| I. PLACE OF DEATH a. COUNTY <u>St. Louis County</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____ | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirkwood</u> | | c. LENGTH OF STAY (In this place) <u>27 da.</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> | | d. STREET ADDRESS (If rural, give location) <u>2511 So. 9th St.</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>W. S. MARINE HOSPITAL</u> | | | | 3. NAME OF DECEASED a. (First) <u>Walter</u> b. (Middle) <u>Vernon</u> c. (Last) <u>Farney</u> | | | |
| 4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 12 1949</u> | | 5. SEX <u>Male</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>Married</u> | |
| 8. DATE OF BIRTH <u>Mar. 31, 1908</u> | | 9. AGE (In years last birthday) <u>41</u> | | IF UNDER 1 YEAR Months <u>8</u> Days <u>12</u> | | IF UNDER 24 HRS. Hours <u>12</u> Min. _____ | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>unemployed</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>X</u> | | 11. BIRTHPLACE (State or foreign country) <u>Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>X</u> | |
| 13a. FATHER'S NAME <u>James Farney</u> | | 13b. MOTHER'S MAIDEN NAME <u>Maude Matlock</u> | | 14. NAME OF HUSBAND OR WIFE <u>Mrs. Helen Farney</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes W.W.II</u> | | 16. SOCIAL SECURITY NO. <u>492-12-9688</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Clinical Records, U.S. Marine Hosp. Kirkwood</u> | | | |
| 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, asphyxia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Heart Failure</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Adenocarcinoma of rectum with metastasis</u> DUE TO (c) <u>Fecal fistula following operation</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u> <u>1 year</u> <u>8 days</u> <u>154X</u> | |
| 19a. DATE OF OPERATION <u>Nov. 25, 1949</u> | | 19b. MAJOR FINDINGS OF OPERATION <u>154X</u> | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>NO</u> | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>X</u> | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>X</u> | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>X</u> | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? <u>X</u> | | | |
| 22. I hereby certify that I attended the deceased from <u>Nov. 15</u> , 1949, to <u>Dec. 12</u> , 1949, that I last saw the deceased alive on <u>Dec. 12</u> , 1949, and that death occurred at <u>9:20 A. m.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>Minerva J. Good...</u> | | | | 23b. ADDRESS <u>U.S. Marine Hospital, Kirkwood</u> | | 23c. DATE SIGNED <u>Dec. 12, 1949</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>Dec. 15, 1949</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>New St. Marcus Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Mo.</u> | |
| DATE REC'D BY LOCAL REC. <u>12-14-49</u> | | REGISTRAR'S SIGNATURE <u>Herbert S. ...</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>John H. Gebken Sons</u> | | ADDRESS <u>2630 Gravois Ave.</u> | |

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

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GR

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.

Student _____
Student Embalmer

Signed Robert F. Selkirk

Licensed Embalmer No. 4144

P. O. Address 2630 Gravois Ave.

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.