

FILED JUN 3 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 18159

4169

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>StLouis</b>					
b. CITY (If outside corporate limits, write RURAL and give township) <b>St Louis Mo.</b>		c. LENGTH OF STAY (In days) <b>3 da</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Bonhome Twp</b> <b>4000</b>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>De Paul Hosp</b>				d. STREET ADDRESS: (If rural, give location) <b>Chesterfield Missouri R 2</b>					
3. NAME OF DECEASED a. (First) <b>CECIL</b> (Type or Print)			b. (Middle) _____ c. (Last) <b>FARROW</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>MAY 6 1950</b>			
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>4-28-1891</b>		9. AGE (In years last birthday) <b>59</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 HRS. Hours _____ Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Salesman</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Candy Co</b>		11. BIRTHPLACE (State or foreign country) <b>Steelville Mo</b>		12. CITIZEN OF WHAT COUNTRY? <b>US</b>			
13a. FATHER'S NAME <b>Albert Farrow</b>		13b. MOTHER'S MAIDEN NAME <b>Katherine Monroe</b>		14. NAME OF HUSBAND OR WIFE <b>Irene</b>					
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.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Irene M Farrow Ballwin Mo</b>					
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, assthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral vascular accident</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerotic heart disease</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 <b>39 hrs</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" 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) <b>H-2-10</b>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 <b>5/3</b> , 1950, to <b>5/6</b> , 1950, that I last saw the deceased alive on <b>5/6</b> , 1950, and that death occurred at <b>11 A m.</b> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <b>Richard J. McLellan M.D.</b>				23b. ADDRESS <b>2415 N. Kings Highway</b>		23c. DATE SIGNED <b>5-6-50</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <b>5-9-1950</b>		24c. NAME OF CEMETERY OR CREMATORY <b>St Joseph Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Manchester Mo</b>			
DATE REC'D BY LOCAL REG. <b>8 1950</b>		REGISTRAR'S SIGNATURE <b>J B Sasser</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Schrader Funeral Home</b>		ADDRESS <b>Ballwin Mo</b>			

(Licensed Embalmer's Statement on Reverse Side)

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

300

48

6917

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 *J Allen Davis Jr*

4343

Licensed Embalmer No. ....

P. O. Address StLouis 10 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.

*R Potasnick*