

No. 300
10. 48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42911

FILED JAN 10 1952

State File No. 110619

Registrar's No. 11069

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY 0099	
b. CITY OR TOWN St. Louis, Mo.		c. CITY OR TOWN St. Louis	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 4252 West Florissant Avenue	
d. FULL NAME OF HOSPITAL OR INSTITUTION Enroute, City Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Albert b. (Middle) W. c. (Last) Farris	4. DATE OF DEATH (Month) (Day) (Year) Dec. 13, 1951.
--	---

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH May, 12, 1918	9. AGE (In years last birthday) 33	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
-------------	------------------------	---	--------------------------------	------------------------------------	------------------------	-----------------------	-------	------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Windsor, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
--	-----------------------------------	---	--

13a. FATHER'S NAME Charles M. Farris	13b. MOTHER'S MAIDEN NAME Florence Carr	14. NAME OF HUSBAND OR WIFE
---	--	-----------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes, 1st 2nd	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Charles M. Farris, 4252 W. Florissant	ADDRESS
--	-------------------------	--	---------

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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Laceration of skull; Subdural hemorrhage, suffered when deceased ran into side of car operated by one J. J. Downey in front of abutment 4252 St. Florissant Ave about 650 am Dec 13, 1951 Accident	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
------------------------	----------------------------------	---

21a. ACCIDENT (Specify) OR HOMICIDE Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Street	21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) St. Louis Mo
---	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Dec 13 5:45 AM	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? E8/24
---	--	-------------------------------------

22. I hereby certify that I attended the deceased from _____ 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 650 A. m., from the causes and on the date stated above. 25

23a. SIGNATURE Patrick E. Wray, M.D.	(Degree or title)	23b. ADDRESS 1300 Clark	23c. DATE SIGNED 12.14.51
---	-------------------	----------------------------	------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 12/17/1951.	24c. NAME OF CEMETERY OR CREMATORY Laurel Oak Cemetery	24d. LOCATION (City, town, or county) (State) Windsor, Missouri
--	--------------------------	---	--

DATE REC'D BY LOCAL REG. DEC 14 1951	REGISTRAR'S SIGNATURE J. Carl Smith, M.D.	25. FUNERAL DIRECTOR'S SIGNATURE Math Hermann & Son Inc.	ADDRESS 2161 E. Fair Ave.
---	--	---	------------------------------

(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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed..... *Homer W. Fritz*

Licensed Embalmer No. *38828*

P. O. Address..... *St. Louis*

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.