

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15666**
3498
Registrar's No.

FILED APR 18 1953

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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|---|-------------------------------|---|---|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2269 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 3412a Klein Street. | | d. STREET ADDRESS (If rural, give location) 3412a Klein Street. 0 | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Virgil b. (Middle) N. c. (Last) Farless | | 4. DATE OF DEATH (Month) (Day) (Year) Mar. 31, 1953 | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH (Month) (Day) (Year) July 15, 1888 64 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Plumbing & Heating | | 10b. KIND OF BUSINESS OR INDUSTRY Self | 11. BIRTHPLACE (City and State or Foreign Country) Kentucky |
| 12. CITIZEN OF WHAT COUNTRY? | | 13a. FATHER'S NAME Unknown | |
| 13b. MOTHER'S MAIDEN NAME Unknown | | 14. NAME OF HUSBAND OR WIFE Anna Farless. | |
| 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 Anna Farless, 3412a Klein Street. | |

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| 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) Acute Pulmonary Edema | | INTERVAL BETWEEN ONSET AND DEATH 3 hrs. |
| ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | DUE TO (b) Acute left heart failure | | |
| DUE TO (c) Arteriosclerosis of St. Venosa | | II. OTHER SIGNIFICANT CONDITIONS* (Before or concurrent with the disease or condition causing death.) Conditions contributing to the death but not related to the disease or condition causing death. | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION: | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) |
| 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 4200 |

22. I hereby certify that I attended the deceased from **Feb 5, 1953** to **Mar 31, 1953**, that I last saw the deceased alive on **31 Mar, 1953** and that death occurred at **10 a.m.**, from the causes and on the date stated above.

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| 23a. SIGNATURE Herbert A. Siesener M.D. (Degree or title) | 23b. ADDRESS 408 Humboldt Bl. | 23c. DATE SIGNED 4-1-53 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE April 3, 1953 | 24c. NAME OF CEMETERY OR CREMATORY Friedens Cemetery |
| 24d. LOCATION (City, town, or county) (State) St. Louis, Missouri. | | |

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| DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE APR 2 1953 Smith MD | 25. FUNERAL DIRECTOR'S SIGNATURE Leidner Und.Co. ADDRESS 2223 St. Louis Av. |
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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.

Student
Student Embalmer

Signed _____

John P. Buchholz

Licensed Embalmer No. *1674*

P. O. Address *2223 So. Harris 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.