

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15670**
Registrar's No. **4253**

FILED MAY 14 1953

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. John's Hospital		e. CITY OR TOWN St. Louis f. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) EVERETT		4. DATE OF DEATH (Month) (Day) (Year) Apr. 23 1953	
a. (First)		b. (Middle)	
c. (Last) FARRAR		5. SEX Male	
6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Jan. 23, 1889		9. AGE (in years last birthday) 64	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Building Contractor (For Self)		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and State or Foreign Country) Perry Co. Mo.		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME James Otto Farrar		13b. MOTHER'S MAIDEN NAME Missouri Kate Votaw	
14. NAME OF HUSBAND OR WIFE Charlotte Farrar		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Charlotte Farrar ADDRESS 3860 Carondelet Ave	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease 2 years ANTECEDENT CAUSES General Arteriosclerosis 5 years 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.	
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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		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 Sept. 19 52 to April 19 53 , that I last saw the deceased alive on April 23, 19 53 , and that death occurred at 7:05 P m. , from the causes and on the date stated above.	
23a. SIGNATURE Martin W. Davis, MD (Degree or title)		23b. ADDRESS 539 N. Grand Ave	
23c. DATE SIGNED 4/24/53		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE Apr. 27, 1953		24c. NAME OF CEMETERY OR CREMATORY New St. Marcus Cem.	
24d. LOCATION (City, town, or county) (State) St. Louis, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Kriegshauser ADDRESS 4228 S. Kingshighway Bl.	
DATE REC'D BY LOCAL REG. APR 24 1953		REGISTRAR'S SIGNATURE J. Carl Smith MD	

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.....
Signature of Student Embalmer

Signed *Richard W. Storaund*.....

Licensed Embalmer No. *4007*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.