

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED FEB 4 1957

2692
STATE FILE NUMBER
430

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. _____

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| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institutions: Residence before admission) a. STATE <u>Mo</u> b. COUNTY | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis, MISSOURI</u> | | c. CITY OR TOWN <u>St. Louis</u> | |
| c. FULL NAME OF HOSPITAL OR INSTITUTION <u>25 Hosp. #1</u> | | d. STREET ADDRESS (If outside, give location) <u>519 Hamilton Ave</u> | |
| Length of stay in lb <u>88yrs</u> | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |

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|--|--------|------|--|--|--|--|
| 3. NAME OF DECEASED (Type or print) <u>George Cary Farnsworth</u> | | | 4. DATE OF DEATH Month <u>Jan.</u> Day <u>13</u> Year <u>1957</u> | | | |
| First | Middle | Last | | | | |

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|--------------------|----------------------------------|---|---|---|---|--|
| 5. SEX <u>M</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <u>Nov. 7, 1867</u> | 9. AGE (In years last birthday) <u>89yrs</u> | IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____ | IF UNDER 24 HRS. Hours _____ Min. _____ |
|--------------------|----------------------------------|---|---|---|---|--|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Clerk</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Natl. Candy Co.</u> | 11. BIRTHPLACE (City and state or country) <u>St. Louis, Mo.</u> | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |
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| 13. FATHER'S NAME <u>John Frederick Farnsworth</u> | 14. MOTHER'S MAIDEN NAME <u>Elnora Moreheiser</u> |
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| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yrs. give war or dates of service) <u>No</u> | 16. SOCIAL SECURITY NO. <u>491-14-7391</u> | 17. INFORMANT <u>George C. Farnsworth</u> | Address <u>519 Hamilton Ave.</u> |
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| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Pulmonary Tuberculosis with Pleural Effusion</u> | | INTERVAL BETWEEN ONSET AND DEATH |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | DUE TO (b) _____ | |
| | DUE TO (c) _____ | |

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| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <u>Arteriosclerotic Heart Disease</u> | | 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
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| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) |
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|---|--|---|------------------------------|--------|-------|
| 20c. TIME OF INJURY Hour _____ a. m. _____ p. m. | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION | COUNTY | STATE |
|---|--|---|------------------------------|--------|-------|

21. I attended the deceased from 1/10/57 to 1/13/57 and last saw her alive on 1/13/57
Death occurred at 7:40 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.

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| 22a. SIGNATURE (Type or title) <u>Stuart A. Yaffe, M.D.</u> | 22b. ADDRESS <u>1515 Lafayette</u> | 22c. DATE SIGNED <u>1/14/57</u> |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremation</u> | 23b. DATE <u>Jan. 15, 1957</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Crematory</u> | 23d. LOCATION (City, town, or county) <u>St. Louis Co, Mo.</u> |
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| 24. FUNERAL DIRECTOR <u>Alexander & Sons</u> | ADDRESS <u>6175 Delmar Blvd.</u> | 25. DATE RECD. BY LOCAL REG. <u>JAN 15 '57</u> | 26. REGISTRAR'S SIGNATURE <u>J. Earl Smith, M.D.</u> |
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(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms, signs, or diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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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 *Jos. E. McCullon*
Licensed Embalmer No. *24*

P. O. Address *6145D*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.